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14. ABSTRACT The long-term goal of the research is to provide an effective intervention for the prevention of secondary and escalating effects of poor anger control associated with trauma-related anger problems. The specific objectives are to adapt an existing evidenced-based cognitive-behavioral intervention (CBI) for the treatment of anger to specific needs of military personnel returning from hazardous deployments, and to conduct a pilot study providing preliminary data on the adapted intervention. Progress: The protocol received final Human Subjects approval from (DOD) on February 28, 2006. Work accomplished while waiting for approval includes extensive adaptation and revision of the CBI manual, adaptation and revision of the control condition manual (supportive intervention or SI), and training of the interviewer. Recruiting of subjects began following Human Subject approval. One subject is in treatment and 3 referrals are being scheduled for assessment.					
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Table of Contents

Cover	1
SF 298	2
Introduction	4
Body	4
Key Research Accomplishments	5
Reportable Outcomes	5
Conclusions	5
References	5
Appendices	5

INTRODUCTION: The long-term goal of the research is to provide an effective intervention for the prevention of secondary and escalating effects of poor anger control associated with trauma-related anger problems. The specific objectives are to 1) adapt an existing evidenced-based cognitive-behavioral intervention (CBI) for the treatment of anger to specific needs of military personnel returning from hazardous deployments, and 2) to conduct a randomized pilot study providing preliminary data on the efficacy and acceptability of the adapted intervention in this population. The first phase involves administering the current (adapted) version of CBI to 8 participants, and a supportive intervention (SI) to 2 participants. Based on our experience with the 10 cases, both manuals will be revised as needed. The second phase will include 50 male and female participants, randomly assigned to receive either CBI or SI.

BODY: The first task was to obtain Human Subjects Approval from all relevant IRBs. Local IRB approvals were obtained in the fall of 2004. Modifications based on a pre-review by DOD were made and the protocol was submitted to DOD for human subjects review in December of 2004. There was a lengthy delay in this process, with review not occurring until November of 2005. Required modifications based on DOD review were then submitted to local IRBs, with one local IRB requiring further changes. Final approval by the DOD was received on February 28th of 2006. Addressing issues raised by the three human subjects committees and obtaining approval of requested modifications for each committee by the others required substantial time and effort by the PI and staff.

Other work accomplished:

- 1) Didactic training of therapists by Dr. Raymond Novaco, the developer of Anger Control Treatment, which serves as a basis for the treatment (CBI) being adapted here.
- 2) Extensive adaptation of Dr. Novaco's Anger Control Therapy Manual. Adaptations include a) adding psychoeducational material specific to this population (e.g. symptoms of posttraumatic stress disorder, understanding the role of hypervigilance in difficulties with anger and irritability), b) detailed training in relaxation methods to reduce hypervigilance, c) more detailed descriptions of each specific session and of the various interventions, and d) development of an organized series of handouts to accompany each session.
- 3) Adaptation of the Supportive Intervention (SI). The SI is being adapted from a Present Centered Therapy comparison condition used in a large VA funded cooperative studies program trial. This manual has been adapted for the current study by providing psychoeducation and relaxation training similar to that provided in the CBI.
- 4) Training of the RA / Interviewer to administer the CAPS. Our interviewer, Ms. Elizabeth Sevin, has considerable experience in administering the SCID and other structured psychiatric interviews during over 8 years of her work on other studies. She had not previously been trained on the CAPS, and has now received this training from Dr. Lambert. She has now conducted over 15 CAPS interviews, with feedback and supervision.
- 5) The biostatistics unit staff at Brown have been working on developing the necessary programming for data entry.
- 6) Since HSRRB approval on 2/28/2006, we have begun recruitment. We have one participant who has completed the baseline assessment and 2 CBI treatment sessions, and 2 to 3 potential participants who have indicated interest and will be scheduled for an interview to describe the study, provide informed consent, and completed assessment if appropriate.

7) We have begun biweekly meetings of therapists and other study staff to review the implementation of the treatment and discuss needed adaptations and changes.

KEY RESEARCH ACCOMPLISHMENTS:

- o Human Subjects Approval
- o Revision of Cognitive Behavioral Intervention Manual
- o Revision of Supportive Intervention Manual
- o Training of Research Assistant / Interviewer
- o Recruitment begun
- o First participant in treatment

REPORTABLE OUTCOMES: None to report as recruitment has only recently begun.

CONCLUSIONS: N/A

APPENDICES:

Cognitive Behavioral Intervention Manual
Supportive Intervention Manual

Cognitive-Behavioral Intervention

**Adapted from *Stress Inoculation Treatment for Anger Control Therapist Procedures*,
(Novaco, 2001) for use in USAMRC #PR 04347 “Treatment of PTSD-related Anger in
Troops Returning from Hazardous Deployments”**

Revised: 10-12-05

Overview of Manual

This manual was devised to guide therapists to implement a stress inoculation treatment to veterans who recently returned from combat who meet at least sub-threshold criteria for PTSD and who have anger control problems. The treatment is meant to be conducted in an outpatient setting and includes the following elements:

- Psychoeducation about responses to trauma, PTSD symptoms, trauma-related anger difficulties, stress, and aggression
- Regular self-monitoring of anger frequency, intensity, and situational triggers
- Arousal reduction, including (but not limited to) diaphragmatic breathing, progressive muscle relaxation, and guided imagery training
- Cognitive restructuring of anger schemas by altering attentional focus, modifying appraisals, and using self-instruction
- Enhancement of behavioral skills in communication, diplomacy, respectful assertiveness, and strategic withdrawal
- Progressive exposure to anger provoking stimuli including construction of a personal anger provocation hierarchy

It is critical in this treatment that there is collaborative involvement between the therapist and patient. Also, the therapist's approach should be supportive and validating, while at the same time directive and didactic.

This manual has undergone several adaptations stemming from Raymond Novaco's cognitive-behavioral therapy in 1975, which was later recast as a stress inoculation approach in 1977. Novaco's stress inoculation approach was influenced by Donald Michenbaum's stress inoculation training (SIT), originally developed for the treatment of anxiety. This version has been adapted for use in USAMRC #PR 04347 "Treatment of PTSD-related Anger in Troops Returning from Hazardous Deployments."

Rationale for Cognitive-Behavioral Intervention:

Cognitive-Behavioral Intervention (CBI) is being used in USAMRC #PR 04347, entitled "Treatment of PTSD-related Anger in Troops Returning from Hazardous Deployments," in order to better understand how anger-related treatment can affect and potentially improve combat veterans' functioning. All of these veterans will have trauma-related anger difficulties. CBI will be implemented in the study opposite a clinically relevant comparison condition, the Supportive Intervention (SI).

CBI is an adaptation of a cognitive-behavioral anger control treatment developed by Raymond Novaco, Ph.D., is an evidenced-based intervention that aims to minimize anger frequency, intensity, and duration and to moderate the expression of anger. The goal of CBI is to increase one's self-regulation of anger. It utilizes a "stress inoculation" approach, which involves therapist-guided, progressive exposure to provocations (including trauma triggers) in session and in vivo, in conjunction with modeling and rehearsal of coping skills. The intervention also involves training in self-monitoring, cognitive reframing, arousal reduction, and behavioral coping. It is believed that by exposing individuals to their anger triggers, while providing them

with skills to better manage their anger, individuals will gain better control of their anger responses.

The SI and CBI conditions are different in several key ways. The SI is less structured; the patient has more input into the agenda of the sessions. While patients in this condition will learn basic relaxation techniques, they will not be instructed in specific cognitive strategies for dealing with anger, and they will not receive inoculation training. The focus of the SI is on managing behavior and feelings in current day-to-day life. The SI focuses on problem solving around difficulties resulting from PTSD symptoms.

Overview of the Treatment Sessions

This treatment will consist 14 sessions, each lasting approximately 75 minutes. The number of sessions will vary depending on the needs of the patient, as assessed by the therapist and the therapist's supervisor.

Session 1: The main goals of this session are to get to know the patient better, to discuss the study with the patient (including the logistics and the rationale), to review limits of confidentiality, to gather more information about the veteran's presenting problems if necessary, and to explore possible safety concerns (SI, HI, weapons, etc.).

- A. Present an overview of the program (including confidentiality, a description of study and treatment approach, and answering patient's questions or concerns)
- B. Complete patient History Questionnaire
- C. Introduce relaxation strategies
- D. Assign homework

Session 2: The main goal of this session is psychoeducation and further instruction on relaxation strategies.

- A. Administer Dimensions of Anger Reactions II (DAR-II)
- B. Discuss reaction to the first session and HW
- C. Present agenda for the session
- D. Educate patient about common adjustment problems following hazardous deployments including stressors associated with redeployment, and PTSD symptoms
- E. Review Homework from last week
- F. Introduce Progressive Muscular Relaxation
- G. Assign homework

Session 3: The main goals of this session are to complete psychoeducation regarding anger, assess patient's anger using the NAS-PI, and continue relaxation training.

- A. Discuss reaction to the first session and HW
- B. Present agenda for the session
- C. Complete psychoeducation regarding anger/arousal and PTSD
- D. Assess anger problems using NAS - PI
- E. Review homework (progress on PMR and Breathing) and introduce Guided Imagery

F. Assign homework

Session 4: The main goals of this session are to begin hierarchy construction, identify anger triggers, and teach guided imagery relaxation strategy.

- A. Briefly review homework (Check in about progress made with PMR, DB, and use of diary.)
- B. Present agenda for session
- C. Review anger diary events
- D. Create hierarchy
- E. Teach imagery relaxation strategy
- F. Assign Homework

Session 5: The main goals of this session are to complete the hierarchy, conduct cognitive restructuring, and complete inoculation training.

- A. Present agenda for session
- B. Review Homework
- C. Complete Hierarchy
- D. Begin cognitive restructuring
 - Explain A-B-C
 - Select hierarchy event, and examine attention, expectation, and appraisal components of the example
 - Help patient recognize dysfunctionality of anger in this situation
- E. Conduct Inoculation Training
- F. Assign homework
- G. If time permits, teach autogenics, a new relaxation exercise

Session 6: The main goals of this session are to conduct cognitive restructuring and complete inoculation training with arousal reduction.

- A. Present agenda for session
- B. Review homework
- C. Make final adjustments to hierarchy
- D. Complete cognitive restructuring
- E. Do inoculation training
- F. Assign homework

Session 7: The main goals of this session are to conduct cognitive restructuring and complete inoculation training with arousal reduction.

- A. Present agenda for session
- B. Review homework
- C. Make final adjustments to hierarchy
- D. Complete cognitive restructuring
- E. Do inoculation training
- F. Assign homework

Session 8: The main goals of this session are to focus cognitive restructuring on themes of prevention, self-control, and constructive coping, to introduce behavioral coping as a method for preventing anger problems, and to conduct inoculation training utilizing behavioral coping strategies.

- A. Present agenda for session
- B. Review homework
- C. Cognitive Restructuring
- D. Introduce Behavioral Coping Skill
- E. Facilitate Inoculation Training
- F. Assign Homework

Session 9: The main goals of this session are to focus cognitive restructuring on attentional focus and appraisal structures, review arousal reduction and behavioral coping, and conduct inoculation training.

- A. Present agenda for session
- B. Review homework
- C. Cognitive Restructuring
- D. Review arousal reduction
- E. Behavioral Coping skills
- F. Facilitate Inoculation Training
- G. Assign Homework

Session 10: The main goals of this session are to continue to focus cognitive restructuring on attentional focus and extend the work to include rumination and post-event preoccupation with the provocation. Also, review arousal reduction and behavioral coping, and conduct inoculation training.

- A. Present agenda for session
- B. Review homework
- C. Proceed with Cognitive Restructuring
- D. Initiate arousal regulation
- E. Behavioral coping
- F. Facilitate Inoculation Training
- G. Assign Homework

Session 11: The main goals of this session are to focus cognitive restructuring on increasing flexibility in the patient's appraisal system and work intensively on threat-related elements. Also, continue work on behavioral coping and complete inoculation training.

- A. Present agenda for session
- B. Review Homework
- C. Facilitate Cognitive Restructuring
- D. Facilitate Behavioral Coping
- E. Facilitate Inoculation Training
- F. Assign Homework and Remind the patient that the treatment will be ending soon.

Sessions 12-13: Both these sessions will follow the following format. These sessions are included to allow for catching up as needed and completion of the hierarchy, which essentially defines the conclusion of treatment.

Session 13: Remind the patient that the next session will be the final session of the treatment. Also, schedule the follow-up assessment session.

The goals of these two sessions are to review skills already learned, enhance the patient's self-monitoring ability, and complete the provocation hierarchy. The format of the sessions is roughly the same as each of the preceding sessions, with less specified activities and more repetition of past content.

- A. Set Agenda
- B. Review Homework
- C. Facilitate Cognitive Restructuring
- D. Encourage and facilitate arousal reduction
- E. Facilitate behavior coping
- F. Complete inoculation training
- G. Assign Homework

Sessions 14: The goals of the last session are to address any unresolved questions or concerns that the patient has, review skills learned during the treatment, and discuss termination issues.

- A. Set Agenda
- B. Review Homework and respond to any patient questions or concerns
- C. Review Skills Learned
- D. Discuss Termination

How to Use this Manual

The manual is organized by sessions. Each section begins with a brief outline of what will be covered in that session followed by a more detailed explanation. Most text represents specific instructions to the therapist. Indented text in this font style represents examples of how the material could be presented to the patient. It is not intended to be a word-for-word script for what should be said in session, but rather a guideline.

Important Note: This manual was designed for use with patients who have PTSD symptoms resulting from various types of trauma occurring during combat experience. Thus in the manual the precipitating event is typically referred to by the general term “the trauma.” Wherever possible, refer to the specific traumatic event by name (e.g., fire, fire, bombing, etc.) rather than using the more general term “trauma.”

TOOLS FOR CBI

CBI has several goals, the primary one being to increase the patient's sense of mastery over his/her anger responses. To this end, several therapeutic tools are utilized. The CBI manual is meant as a guideline to be implemented with flexibility and fluidity. The main components of this treatment (i.e., arousal reduction, cognitive restructuring, behavioral coping, inoculation training, and homework assignments) should be addressed in each session, in the order in which they are presented. However, the length and intensity of each of these sections will vary depending on patient strengths, ability to master new skills, and willingness to practice new skills between sessions.

Several core factors need to be established and maintained during treatment in order for it to be successful.

1. Sense of safety

In order for the patient to better learn to manage his/her anger, s/he will need to feel safe experiencing and expressing anger in the therapy setting. Safety, in this case, includes having both the understanding that physical violence will not be tolerated in the therapy setting and that the therapist will be able to manage the patient's expressions of anger. Over time and with practice at the inoculation training exercises, the patient will gradually increase his/her sense of safety with being able to control his/her own anger responses.

2. Support for the patient's worth

The patient will need to feel respected and worthwhile. It is not uncommon for people with anger management difficulties to be criticized by others, and therefore begin to lose self-esteem and a sense of personal self-worth. It is important that the patient feel respected by the therapist. When an individual feels worthwhile, s/he is better able to participate in the process of self-examination and change.

3. Support for the process of change in managing one's anger responses

When engaging in a process of changing one's behavior, it is easy to become frustrated, feel stuck or overwhelmed. The therapist will need to encourage the change process by both expecting change to occur and helping the patient stay motivated and engaged in the therapeutic process.

4. Ability to acknowledge and validate patient's emotions

A key element in any therapeutic relationship is having the patient feel understood, supported, and validated by the therapist. It is possible that the patient is not receiving much validation of his/her anger feelings from others, and it is important that the therapist provide a sense of validation within the therapy setting to assist in the process of change. Remember, an individual can feel angry and still learn to express his/her anger in a new manner.

5. Revision of the patient's values regarding anger and anger expression

In large part, behavioral change in the course of this treatment will stem from a revision of the patient's values regarding anger and aggression. That is, many patients understand what a socially appropriate anger response is for a given situation, but they have largely not wanted to do it. Since anger has been an established part of their identity, they may

be reluctant to surrender it. As patients learn through the course of this treatment to replace antagonistic behaviors with non-angry, effective coping, they will find themselves empowered and become less attached to their old ways of acting.

In addition to the core factors listed above, several therapeutic themes will need to be addressed throughout the treatment.

1. Threat

People who experience several symptoms of PTSD view the world around them as unpredictable and unsafe. They are therefore more likely to be hypervigilant in scanning their environment for threats to themselves and those they love. It is common for these people to interpret non-threatening behaviors from others as threatening, and when people feel threatened, they may respond with anger and aggression. A true danger signal may require an aggressive response, but some patients may perceive safe interactions as threatening when they are not intended as such. It will be important to address this issue of perceived threat versus actual danger throughout treatment whenever it comes up in discussion.

2. Justification and Entitlement

People with anger management difficulties often feel justified in both their angry feelings and anger reactions, even when their reactions may infringe upon the rights of others. They may also feel entitled to feel and behave in whatever manner they see fit, regardless of social norms and expectations. These senses of entitlement and justification often contribute to anger management difficulties. It will be important throughout the therapeutic process to validate the patient's emotions while at the same time pointing out that his/her justification of problematic anger expression perpetuates the problem. Part of this process will be accomplished by helping the patient develop empathy for others' perspectives and needs.

3. Need Structures

Every individual has certain needs and desires that drive their choices of behavior. Identifying each patient's need structures will be helpful in understanding how they contribute to the patient's anger management difficulties. For instance, if a patient has a need to feel in control of situations and his/her environment, this need for control will likely lead to conflicts with those around him/her. Identifying this need structure during treatment, as well as pointing out how it contributes to conflict and anger management difficulties is an important piece of CBI.

Cognitive-Behavioral Intervention for Veterans with PTSD-Related Anger

Session 1

NOTE: It is important that you take some time before Session 1 to review the patient's assessment folder and familiarize yourself with the veteran's history, etc.

The main **goals** of this session are to get to know the patient better, to discuss the study with the patient (including the logistics and the rationale), to review limits of confidentiality, to gather more information about the veteran's presenting problems if necessary, and to explore possible safety concerns (SI, HI, weapons, etc.).

- A. Present an overview of the program (15 minutes)
 - Confidentiality
 - Description of study and treatment approach
 - Answer patient's questions or concerns
- B. Complete Patient History Questionnaire (40 minutes)
- C. Introduce relaxation strategies (15 minutes)
- D. Assign homework (5 minutes)
 - 1. Listen to relaxation tape daily
 - 2. Complete Handout 1.2
 - 3. Read Handout 1.3: Session 1 Reading

A. Present Overview of Program and Treatment Procedures Used

"Today is our first session together and there are a number of things I would like to cover. First, I will explain the goals of the program to you and talk with you about what we will be doing as we work together. Then, I would like to spend the remainder of the session getting to know you by asking you some questions about your history, including your past experiences and current situation. Then I will introduce a relaxation exercise and give you a brief homework assignment"

Discuss Confidentiality

Therapists should note both

- (1) the exceptions to confidentiality for clinical reasons
 - a. Legal responsibility
 - 1. Danger to self
 - 2. Danger to other(s)
 - 3. Abuse of a minor child, an elderly, or handicapped person.
 - b. The therapists will also record patient's attendance as part of the treatment study in the medical file (progress notes in computer), and any relevant safety

issues.

- c. The therapist will share relevant information with other members of the patient's treatment team, in the interest of coordinating good clinical care.

(2) the protection of confidentiality of material such as audiotapes and assessments that are related to the research needs.

- a. Patients will have previously been informed about the procedures for audiotaping and protection of this material, but it should be repeated here:
 1. Study records are coded
 2. Audiotapes of the sessions will be kept in locked storage with access restricted only to essential study personnel.

Ground Rules/ Boundaries

1. Discuss the **collaborative nature of the treatment**. This is a joint effort to solve any problems s/he has.
2. Ending the session early
 - a. If the session is becoming **too difficult** for the patient, and if the patient is becoming very angry, then the therapist and the patient have the right to **pause the session and/or take a break** without offending the other person.
 - b. The patient has the choice to **withdraw from any session at any time**.
 1. Note that this is one of the skills the patient will learn - being able to cool down or take a time out from a stressful or anger provoking situation.
3. The patient is encouraged **to ask questions or raise issues at any time**.
4. If the patient is drifting **off task**, or is **avoiding** the work of the session, the therapist will point this out clearly.

Description of Study and Treatment Approach

Cover these points to orient patient to the treatment program

1. Goal of research

- learn more about what kinds of treatments are most helpful for adjustment following a hazardous deployment, with an emphasis on managing problematic anger

2. Focus of the anger treatment

- Improve patient's understanding of the relationship between anger and trauma (combat history) including the contribution of redeployment stressors
- Identify each individual's specific triggers and patterns of response
- Improve patient's ability to control his/her response to anger

3. Treatment strategies

- Education
- Teach skills for reducing arousal associated with anger and for coping with anger in a positive way
- Monitor anger-provoking situations that occur between sessions
- Create a list of anger triggers and expose the patient to these situations using imagery and role-play in session
- Practice using positive coping both during imagery exercises and in real life

4. Structure/Format of Sessions

- 14 sessions
- 75 minutes each
- one session per week
- ideally completed in about 14 weeks

Stress the importance of regular attendance at sessions. Establish a set meeting time and indicate that they can discuss any necessary changes as needed.

Answer any questions

B. Patient History Questionnaire

See **Appendix 1.1**

C. Introduction to Relaxation Strategies

1. It is important at this early stage to engage the patient in a discussion about his/her awareness of the differences between being uptight or tense and calm and relaxed.

“As we’ll talk about in more detail next session, a big part of the experience of anger is physiological arousal. That is, when you are angry, you often feel a lot of tension in your body. For example, your heart rate may increase, your muscles may tense, your breathing may become more shallow, etc. This may be especially true for people who have lived in a combat zone for extended periods of time and have experienced this hyperarousal on a daily basis. Many people bring this hyperarousal home with them and continue to feel watchful/on guard and on edge. Has this been your experience (increased sense of hyperarousal)?

A large part of this treatment will involve becoming more aware of what is going on in your body (the amount of tension), and learning to lower your overall tension level. This may be especially useful for dealing with anger because if we can lower our arousal level, we are better able to think clearly about a situation. I’m sure you’ve heard of the

example of counting to 10 before reacting. This makes sense because it gives us time to calm down before responding to a situation – while counting to 10, our arousal level will likely drop and our response may be more thoughtful. Does this make sense?

So, the first thing I'd like to do is go over an example of something that may influence are tension levels..."

- a. Ask about **what music s/he likes** listening to and **why** s/he likes it
- b. Prompt the patient to explain **how s/he feels** when listening to the favorite music
- c. Ask if the patient notices feeling more calm or relaxed after listening to the favorite music
 - The learning point is that **attending to/concentrating on certain things can affect how we feel**. That is, we have some choice and can begin to control how we feel.

2. Relaxation Training

"Over the next several sessions, I'll be introducing to you a variety of relaxation strategies and we will record each one on a tape. Please use the tape to practice these relaxation tools between sessions and bring the tape to future sessions so we can record additional strategies on the tape for you to use at home. Let's start with the first relaxation strategy."

- a. Ask the patient to **complete the top of Handout 1.1: Tension Meter** and review it with him/her.
- b. Complete relaxed breathing exercise (**Appendix 1.2**). Record breathing exercise on patient's relaxation tape.
- c. **Complete bottom of Handout 1.1: Tension Meter** and review any changes.

D. Assign homework

1. Listen to relaxed breathing tape at least once daily and have patient bring this tape to the next session.
2. Complete **Handout 1.2: Ways of Dealing with Feeling Tense / Uptight**
3. Read **Handout 1.3: Effects of Traumatic Experiences**

Session 2

Goal: The main goal of this session is **psychoeducation** and further instruction on relaxation strategies.

- A. Administer Dimensions of Anger Reactions II (DAR-II) (5 minutes)
- B. Discuss reaction to the first session and homework (go over homework at end) (5 minutes)
- C. Present agenda for the session (5 minutes)
- D. Educate patient about common adjustment problems following hazardous deployments, including stressors associated with redeployment, and PTSD symptoms (30 minutes)
- E. Review Homework from last week
- F. Introduce Progressive Muscular Relaxation (25 minutes)
- G. Assign homework (5 minutes)
 - 1. Listen to Relaxation Tape Daily
 - 2. Review Handout 2.1
 - 3. Read Handouts 2.2 and 2.3

A. Administer DAR-II: Remember to fill in top portion before giving instrument to patient.

B. Discuss Reaction to Last Session Ask the patient how s/he felt about the first session and generally how the homework went (will be reviewed in more detail later).

C. Present Agenda For Session

- Discuss the usual/common problems associated with returning from a hazardous deployment
- Review the homework from last week.
- Complete relaxation training of a new relaxation technique for him/her to practice at home.

D. Complete Discussion of Common Problems Experienced Post-Deployment

1. Educate the patient about common problems experienced following hazardous deployments.
 - a. make this an interactive dialogue between you and the patient
 - b. avoid lecturing to the patient
 - c. encourage the patient to discuss his/her feelings, thoughts, and behaviors since returning home
2. Discuss the adjustment difficulties in context vis-à-vis common reactions to traumatic experiences (i.e., deployment).
 - a. reassure the patient that these problems need not be viewed as atypical or pathological reactions
 - b. encourage the patient to view his/her present state as the result of a response to trauma that was adaptive at the time but that is currently causing problems in his/her life.
3. Review the following areas:

a. Common stressors experienced while deployed (which can be experienced as traumatic):

“War zone deployments often involve numerous challenges for military personnel that may result in physical and/or psychological illnesses and injuries. Some of the stressors commonly experienced on hazardous deployments include (summarize the following in own words):”

- exposure to combat and life-threatening situations
- environmental and climatic extremes
- infectious diseases
- non-battle injuries
- toxic environmental exposures
- exposure to extremes of human suffering
- death of military members and civilians
- worries about home, finances, or family problems.
- others they experienced not mentioned here?

1. Explain that individuals exposed to these extreme stressors frequently experience psychological complications including clinically significant anger, depression, and anxiety (e.g., PTSD).

b. Common stressors experienced following return home:

“In addition to the stressors faced during deployment, some military personnel will face new challenges in making the transition from war-zone to home. These may include:”

- coping with the psychological and/or physical aftermath of deployment
- feeling “different,” not fitting in, being bored/irritated with civilian life
- financial difficulties
- work- (or school-) related stress
- renegotiating family roles

1. For those suffering from psychological complications secondary to deployment, coping with these new stressors upon return may be particularly difficult and may create new problems in occupational and social functioning.

c. Common psychological symptoms experienced as a result of deployment:

“The most common psychiatric complication following being in a combat zone is Posttraumatic Stress Disorder or PTSD. Although you may not have full-blown PTSD, it is likely that you have some or many of the symptoms. While some people may know a lot about PTSD, others may not be clear about what it is, or may have questions. In addition, there is often misinformation about what PTSD is, so I want to take some time today to make sure you have

an accurate knowledge of PTSD, and give you time to ask whatever questions you may have."

Onset

"In general, PTSD is a name for a group of symptoms that are commonly experienced after being exposed to life-threatening situations or witnessing horrible events. It is associated with military combat as well as nonmilitary events—for example, earthquakes and other natural disasters, physical or sexual assault, or even a car accident. In general, the worse or the more prolonged the exposure, the more symptoms people have. For some people, the symptoms get better over time. For others, they don't. Sometimes the symptoms arise immediately after a traumatic event, but in other cases, the symptoms can take months, years or even decades to surface.

Changed World View

"To begin, PTSD is a normal emotional and psychological response to trauma, or a painful/shocking experience - like being in a combat zone. After experiencing trauma, many people feel that their lives have changed or they have changed and will never be the same. The world or other people may seem dangerous and unpredictable. And, very often survivors of trauma feel lonely and misunderstood by others. Often trauma survivors are told to "get over it" or "forget about it" and may feel that others do not want to hear about the upsetting incidents. That is why learning about PTSD, and talking about what makes life difficult as a result of PTSD with others who can and want to understand, is important."

"Now I want to discuss with you many of the common reactions of people who have undergone a severe trauma. Although each person responds in his or her own unique way, you may find that you have experienced many of these reactions."

4. Discuss the following symptoms and associated problems in detail.
 - a. below is an outline to guide your discussion
 - b. present the material in any logical order.

Posttraumatic Stress Disorder (PTSD)

1. Traumatic event with response of fear, helplessness, and/or horror
2. Re-experiencing
 - a. Intrusive thoughts
 - b. Nightmares

- c. Flashbacks
- d. Upset/Physical symptoms when exposed to reminders

3. Avoidance

- a. Of thoughts or feelings associated with trauma/talking about it
- b. Of certain places or activities (reminders)
- c. Memory gaps about trauma
- d. Anhedonia
- e. Detached from people
- f. Emotional numbness
- g. Foreboding future

4. Hyperarousal

- a. Trouble sleeping
- b. Irritability/Anger
- c. Concentration
- d. Feeling overly alert
- e. Easily startled

Associated Features

- 1. Panic Attacks
- 2. Depression
- 3. Loss of control, fears of going crazy
- 4. Guilt and shame
- 5. Relationship problems
- 6. Sex and physical intimacy
- 7. New trauma can remind you of previous traumas or negative experiences

"As you can see, feeling anxious and hyperaroused is a primary concern for people who have experienced trauma, and these emotions can interfere with your ability to cope with stress. Therefore, an important aspect of this treatment will be learning and practicing relaxation strategies."

E. Review homework from Week 1.

- 1. Inquire about relaxation practice at home between sessions
 - a. check on frequency and success of home practice
 - b. encourage and praise patient for practice that was completed
 - c. review importance of daily practice
- 2. Review **Handout 1.2: Ways of Dealing with Feeling Tense / Uptight**
 - a. inquire what the patient learned from this exercise
 - b. if patient did not complete the handout, do it together during the session
- 3. Review **Handout 1.3: Session 1 Reading**
 - a. review what the patient learned from this reading
 - b. if the patient did not read it, ask him/her to read it this week between sessions

F. Complete Relaxation Training

“Last week, you learned how to use breathing as a strategy to bring on relaxation. Now, we will be doing an exercise that will help you learn how to notice when you are tense, especially your muscles, and how to let that tension go.”

- Ask patient to **complete top of Handout 2.1: Tension Meter**
- Introduce PMR (see **Appendix 2.1**) Record PMR exercise on patient’s relaxation tape.
- Ask patient to **complete bottom of Handout 2.1: Tension Meter**
- Review patient’s experience with this relaxation exercise

G. Assign homework

1. Listen to relaxation tape at least once per day and try to take note of muscle tension as often as possible. Have patient bring relaxation tape to next session.
2. Read **Handout 2.2: Effects of Traumatic Experiences** handout. Share with family member(s) if appropriate.
3. Read **Handout 2.3: Session 2 Reading**

Note to Therapist: Leave about 5 minutes at the end of the session for discussion about how hearing this information affected the patient.

1. You may inquire whether s/he learned anything new or if any mistaken pieces of information got corrected.
2. Encourage patient to discuss and respond to any general reactions to the therapy and specific reactions to the material presented.

Session 3

Goals: The main goals are to complete psychoeducation regarding anger, assess patient's anger using the NAS-PI, and continue relaxation training.

- A. Discuss reaction to the first session and homework (go over HW in detail at end) (5 minutes)
- B. Present agenda for the session (5 minutes)
- C. Complete psychoeducation regarding anger/arousal and PTSD (15 minutes)
- D. Assess anger problems using NAS - PI (20 minutes)
- E. Review homework from Session 2 (5 minutes)
- F. Introduce Guided Imagery (15 minutes)
- G. Assign homework (10 minutes)
 - 1. Listen to relaxation tape daily. Practice relaxation strategies as often as possible.
 - 2. Review **Handout 3.1: Anger Curve** and **Handout 3.2: Education on Anger and Trauma**
 - 3. Begin using Anger Diary (**Handout 3.4**)

A. Discuss patient's reaction to the second session and homework Ask the patient how s/he felt about the second session.

B. Present Agenda For Session

- Complete psychoeducation about the ways in which anger and arousal are associated with surviving trauma
- Discuss the patient's specific anger experiences directly (using an assessment tool)
- Review homework from Session 2
- Continue relaxation training (introduce guided imagery)
- Assign homework

C. Complete psychoeducation regarding anger/arousal and trauma/PTSD

"Now I want to spend some more time talking about the relationship between trauma exposure and subsequent problems with anger. For starters, there is a lot of research that shows that people who have experienced traumas report problems with anger. There are several reasons why anger may be particularly problematic for people who have been in a war zone:

1) After several months in a war zone, you and your body learn to be hypersensitive to any potential threats (ask for/provide examples). While over there you were probably scanning your environment for danger at all times and had a quick and aggressive response to any potential threats. This response can help a person survive by mobilizing all of his or her attention, thought, brain energy, and action toward survival. Those instincts serve you well in a combat zone but the problem is your brain and your body don't always know how to turn off that response when you come home. Recent research has shown that these responses to extreme threat can become "stuck" in people with PTSD. This may

lead to what we call a “survival mode response” where you are more likely to react to situations with “full activation,” as if the circumstances were life threatening, or self-threatening. This automatic response of irritability and anger in individuals with PTSD has been found to create serious problems in the workplace and in family life. It can also affect your feelings about yourself.”

1. Ask for the patient’s thoughts about this information and his/her experience with survival mode responding.

“Another likely contributor to excessive anger and irritability is the general hyperarousal that people often experience after being on a hazardous deployment. This ties into your body not relaxing after being on guard for so long. You may have found that you have had trouble sleeping since you’ve gotten back and/or have felt on edge, easily startled or agitated. This general hyperarousal and the lack of sleep can cause you to have much less patience, and to make it difficult to cope with day-to-day stressors. ”

2. Present **Handout 3.1: Anger Curve**

- a. Explain that all anger isn’t “bad.”

1. anger can provide us with important feedback that something isn’t right and motivates our behavior.
 2. it’s the high frequency and high intensity anger that is often the problem.

- b. explain that as a result of the general hyperarousal, at baseline, they may be at a 25 or a 50. Therefore, it takes less for them to get up to a 75 or 100, the point at which anger feels out of control.

“If you put that together with your propensity to respond to “threats” with excess anger and aggression, as if you were in combat/danger (“survival mode responding”), your responses may begin to interfere with your every day functioning and relationships. Have you found this to be the case?”

3. Give the patient **Handout 3.2: Education on Anger and Trauma**

- a. tell the patient that this handout provides more information on the relationship between anger and trauma
 - b. ask patient to review it at home.

“As we mentioned last session, learning and practicing relaxation strategies are an important part of this treatment because hyperarousal and anger are such common experiences following trauma and they can interfere with your ability to cope with stress. At the end of this session, we will be reviewing another relaxation strategy that may be helpful for you. However, first let’s look at what types of situations are most anger-provoking for you.”

D. Assess anger problems using NAS - PI

1. Introduce discussion of anger.

"For the next part of today's session we will shift to discuss your specific anger difficulties. I want to review possible consequences of your current anger and potential benefits of changing how you handle your anger. I also want to get a better feel for the types of situations that make you angry."

2. Assess patient's anger control deficits.
 - a. Review the patient's responses on the NAS – PI as a start for the conversation.
 - b. Discuss the patient's motivation to change his/her management of anger
 1. discuss the costs and benefits for his/her current anger management style
 2. use **Handout 3.3: Anger Treatment Decision Matrix**
 - c. Inquire about the types of situations that trigger anger, including
 1. the people generally involved
 2. the settings/situations that generally trigger anger
 3. the way in which the patient generally expresses anger
 - d. Identify the cognitive, affective, behavioral, physiological, and contextual factors involved in the anger arousal and anger expression. Suggested inquiries could include:
 - How do you interpret the behavior of others?
 - To what extent do you generally see things antagonistically?
 - Are you more suspicious / mistrustful than most?
 - Are you inclined to ruminate / stew on anger incidents?
 - What kinds of things do you say to yourself when the provocation occurs and following it?
 - Do you feel on edge and wound up when you discuss these things?
 - During provocations, do you ever experience emotions that counteract the anger, such as humor or kind thoughts about others?
 - How capable are you at laughing at yourself and seeing the less serious side of life?
 - How do you generally respond when provoked?
 - How does your behavior influence how you feel?
 - How does your behavior affect how others respond to you?
 - Do you have a tendency to escalate a provocation?
 - Are you impulsive?
 - Is it easy for you to communicate your feelings to others in a constructive manner?
 - How much do you consider the consequences of your actions?

E. Review homework from session 2

1. Inquire about relaxation practice at home between sessions (Breathing and PMR)
 - a. check on frequency and success of home practice
 - b. encourage and praise patient for practice that was completed
 - c. review and correct technique as appropriate.
 - d. review importance of daily practice
2. Review what the patient learned from reading **Handout 2.2 Effects of Traumatic Experiences** handout.
 - a. ask if the patient shared it with family member(s) / others
 - b. if the patient did not read it, ask him/her to read it this week between sessions

3. Review what the patient learned from reading **Handout 2.3: Session 2 Reading**
 - a. if the patient did not read it, ask him/her to read it this week between sessions

F. Introduce Guided Imagery

1. Introduce Guided Imagery (see **Appendix 3.1**) and record Guided Imagery exercise on the patient's relaxation tape.

G. Assign homework

1. Listen to relaxation tape daily. Practice relaxation strategies as often as possible. Have patient bring relaxation tape to next session.
2. Review **Handout 3.1: Anger Curve** and **Handout 3.2: Education on Anger and Trauma**
3. Explain rationale and method for completing the anger diary.

"This treatment will not work well unless you actively work a little each day on the things we discuss during the sessions. In addition to practicing relaxation skills, I will be asking you to keep a record of your anger experiences. This anger diary should include 3 pieces of information: 1) how often you get angry; 2) how intensely you experience the anger; and 3) the degree of proficiency you demonstrate in managing the anger. The frequency of your anger will be evident in the number of entries you record. The intensity of the anger and the degree to which you are pleased with how you managed the anger will also be monitored."

 - a. Present **Handout 3.4: Anger Diary**
 1. Explain how to use the likert scale and answer the patient's questions

Session 4

Goals: Begin hierarchy construction, identify anger triggers, and teach imagery relaxation strategy.

- A. Briefly review homework (Check in about progress made with PMR, DB, and use of diary.) (5minutes)
- B. Present agenda for session (5 minutes)
- C. Review anger diary events (15 minutes)
- D. Create hierarchy (35 minutes)
- E. Teach imagery relaxation strategy (10 minutes)
- F. Assign Homework (5 minutes)
 - 1. Continue home practice of relaxation
 - 2. Review page 2 of Handout 4.2 (prior to start of session, copy page 2 for patient to bring home and review)
 - 3. Complete Anger Diary

A. Briefly review homework

- Ask patient about the progress s/he made with relaxation strategies.
- Ask if there were any questions about Anger and Trauma Education.
- Inquire whether s/he was able to complete the diary.
- Discuss any reactions and questions.

B. Present agenda for session

- Review Homework
- Create a hierarchy of anger triggers
- Review anger triggers
- Introduce another imagery relaxation exercise
- Review progress with relaxation and assign homework

C. Review anger diary events

Introduce rationale for diary review:

“Let’s review your anger diary entries together. It is important that we review these carefully so that you can start to identify patterns and begin to use this information to better manage your anger. The more you know about your anger, the easier it will be to regulate it. The goal is to help you to become an expert on your anger.”

If the patient did not complete the diary:

- explore the reasons why
- clarify the contribution of task difficulty, patient understanding, degree of engagement in treatment in a supportive discussion emphasizing the purpose of the diary as stated above.

If the patient completed the diary, **Use Handout 4.1: Anger Diary Review** to help you complete the rest of this section.

1. Briefly read all diary entries

- Work to understand the type of situations that anger the patient.
- Identify any themes in the anger-provoking situations (e.g., they all involve feeling threatened or disrespected).

“Are there any themes/patterns that you can identify among these situations?”

2. Have patient identify one or two primary incidents and further discuss it/them in detail

- Identify the cognitive, arousal, behavioral, and contextual aspects of the anger experience.
- Inquire about predisposing events, situation/context, people involved, patient’s goals in the situation, and mode of expression. Possible inquiries could include:
 - What event first activated your anger?
 - What is it exactly that triggered your anger in that situation?
 - Do you think timing played a role?
 - Is there anything specific about the person involved in the incident that may have contributed to your anger?
 - What might have made the anger in that situation worse? Better?
 - What was going on right before you became angry that may have contributed to your anger?
 - What did getting angry do? Did it help or hinder you in getting what you wanted?

3. Following review of the recorded anger experiences, ask

“What did you learn about your anger as a result of this self-monitoring exercise?”

D. Introduce and begin development of hierarchy.

1. Explain rationale and process for creating a hierarchy, and answer any questions the patient has.

“In future sessions, we will use your anger-provoking situations to have you practice new ways to manage your anger and cope with difficult situations. We need to develop a hierarchy of anger events to help us with this process. We should develop a list of 7-10 situations that you encounter on a regular basis and that make you angry. We will work on this today and again next session until we have a good list of anger triggers.

Our goal is to develop a range of situations and events that are associated with varying levels of angry feelings for you. So, we want to include some situations that are only slightly irritating to you, some that make you somewhat angry, and some that make you furious.

We will also examine each situation to determine what might have made you more or less angry in that situation. For instance, would it have been less upsetting, or more upsetting, if you were dealing with the same situation but with another person? Had the situation occurred in a different location or setting, would you have been more, or less angry?"

2. **Use Handout 4.2: Anger Hierarchy Notes** (you will copy page 2 of this handout for the patient to bring home at the end of today's session)

3. Begin developing the hierarchy. (The following directions are also recorded on Handout 4.2).

- Hierarchy scenes should vary in intensity (see below) such that the patient can use the hierarchy to 1) better learn to differentiate among trigger intensity, 2) understand the differing impact of various situations, and 3) improve self-regulation of their anger responses.
- Hierarchy scenes should consist of hypothetical provocations or simulated stimuli. They should be general descriptions of provoking circumstances, although it is fine to make reference to a prior event (i.e., "someone who has given you trouble before."). They may consist of anger experiences that the patient has had in the past and is likely to encounter again, as long as they are not overly particular on the details. For instance, they should be types of situations that contain provoking material (anger triggers) but not be exact events including specific people, times, or events.
- Look for succinct, matter of fact descriptions.
- Hierarchy scenes should not include patient reactions, but may contain highly charged aspects of the situation such as the way something was said, or a look involved.
- Determine moderator variables (e.g., person, previous experience, manner said) that raise or lower anger provocation level.
- Goal should be 7 to 10 scenes with moderators for each (2 or 3 each of mild, moderate and severe).
- Try to end each scene with provocative aspects at peak
- Do not try to do therapy during hierarchy construction (i.e., making wording suggestions or appraisal modification)
- The top items on the hierarchy should be situations that the patient encounters in daily life (not remote hypothetical situations) and situations that pose serious challenges to him/her.

E. Review relaxation strategies.

"As we've discussed, it's important to be able to manage your level of physiological arousal.

- What have you found works best for you so far?
- How often do you practice the relaxation strategies?
- What obstacles get in the way of your using and/or practicing these techniques?

This week we're going to do another imagery exercise. We will create a personalized Imaginary Sanctuary, or tranquil scene." (See **Appendix 4.1**)

1. Record the imagery exercise on the patient's relaxation tape.
2. Refer to the patient's Imaginary Sanctuary as "tranquil scene."

F. Assign Homework

1. Continue practicing **relaxation** using audiotape(s) as often as possible. Have patient bring relaxation tape to the next session.
2. Take copy of **hierarchy** home and make notes about additional possible scenes and any thoughts about the scenes already developed.
3. Continue recording in the anger **diary**.
 - Emphasize the importance of continuing to self-monitor anger experiences and intensity using the diary.
 - Have them attend to anger cues - what triggers anger for them
 - Encourage patient to listen to him/herself "with a third ear" to recognize private speech that accompanies their anger reactions.

"Also, it is important for you to start paying attention to the things you say to yourself when you are angry. For instance, some people say to themselves, 'I'll show him who's right' or 'I can't back away from this situation' etc... During this treatment we will focus, among other things, on what you say to yourself. This week, as you pay attention to what triggers anger for you, also pay attention to what you are saying to yourself when you get angry. We'll discuss this more next week.

Session 5

Goals: The main goals are to complete the hierarchy, conduct cognitive restructuring, and complete inoculation training.

- A. Present agenda for session (2 minutes)
- B. Review Homework (10 minutes)
- C. Complete Hierarchy (10-15 minutes)
- D. Begin cognitive restructuring (20 minutes)
 - Explain A-B-C (use example and worksheet)
 - Select hierarchy event, and examine attention, expectation, and appraisal components of the example
 - Help patient recognize dysfunctionality of anger in this situation
- E. Conduct Inoculation Training (20-25 minutes)
- F. Assign homework (5 minutes)
 - 1. Instruct the patient to continue self-monitoring and home practice of relaxation
 - 2. Prescribe that the patient moderate arousal intensity
 - 3. Complete bottom of Handout 5.1: A-B-C Worksheet
 - 4. Read Handout 5.2: Session 5 Reading
- G. If time permits, teach autogenics, a new relaxation exercise.



Note to therapist: The patient will have begun to share our concepts and language about anger. This is not a small matter. You will have given them a special lens to sharpen their observations and ideas that will enable them to understand experiences that have otherwise seemed chaotic and out of control. Thinking of chronic anger as a dyscontrol syndrome, their grasping the rudiments of the conceptual system, as well as their collaboration in the treatment, instills a sense of mastery!

A. Present agenda for the session

- Review Homework
- Complete Hierarchy
- Focus Cognitive Restructuring on teaching A-B-Cs and understanding the dysfunctionality of anger
- Conduct Inoculation Training
- Assign Homework

B. Review homework

1. Inquire about patient's ability to complete relaxation training exercises.
2. Review patient's diary entries.
 - Assess for cognitive/physiological/behavioral and contextual elements of each experience. You may use **Handout 4.1: Anger Diary Review** if desired.
 - Inquire about self-monitoring of private speech and anger intensity

- Inquire about the predisposing events, situational circumstances, persons, goals, and modes of expression associated with the anger occurrences.

Possible inquiries could include:

- “What did you learn about your anger through the experience of monitoring?”
- “What was happening just before you realized you were angry?”
- “What was happening in your body when you were angry? Did you notice your heart racing, body sweating, fists clenched, etc.? Did you have a stomach or head ache?”
- Who was near you and involved in the situation? Is that person frequently around when you feel angry? How was that person acting? Was there something about the way s/he was expressing their feelings that increased your anger?”
- “What were you hoping to have happen from the situation? How do you wish it had ended?”
- “What thoughts were going through your head during the beginning, middle, and end of the anger event?”
- “How did you express your anger? If you asked the people you were with, what would they say you did to express your anger?”

- Probe for discoveries of anger triggers and possible anger coping strategies

3. If patient was noncompliant with homework, inquire:

- “What seemed to get in the way of completing the self-monitoring?”
- “What can we do to make it easier for you to complete the homework next time?”
- Have patient verbally review the week and report any anger events. Pay particular attention to any events that should be included in the hierarchy.

C. Complete anger hierarchy

Finish construction of anger hierarchy begun in previous sessions using **Handout 4.2: Anger Hierarchy Notes**.

“Remember last session we started building a hierarchy of anger-provoking situations? Did you review these situations during the week? If so, what were your thoughts...was there anything you wanted to add or change?”

"Today we're going to finish the list and try to make it as complete as possible. Remember, the point is for us to have a list of 7-10 events that are associated with a wide range of angry feelings – some things that make you mildly annoyed and some things that make you feel enraged."

- Inquire about patient's work completed on the hierarchy between sessions.
- Add any relevant new scenarios brought up by the patient or from the diary.
- Be sure to gather information about moderator variables for each scene. For each situation on the hierarchy, ask:
 - "In that situation, what would have made you less angry? What would have made you even more angry?"
 - "Who are the people in that situation that may have contributed to how angry you were?"
 - "Would the presence of certain people have made it easier or more difficult for you to deal with your anger?"

Note to therapist: Following the session when the hierarchy is complete, transfer notes about hierarchy from Handout 4.2 to the Hierarchy Index Cards. Each completed index card should contain one hierarchy scene including moderator variables, the accompanying SUDS level associated with that scene, and the scene number (i.e., 1-7/10).

D. Begin cognitive restructuring

1. Explain primary components of cognitive theory/restructuring as they relate to anger
 - a. Feelings of anger are caused not only by external events themselves, but by the **meaning** the events have for us.
 - b. **How we think influences how we feel.**
 - c. Our expectations and goals shape how we perceive events.
 - d. It may be useful to take Albert Ellis' tack of "A-B-C" (Antecedent events, Beliefs, and Consequent behavior) to help get across the idea of cognitive mediation (Ellis would say, "We think that A causes C, but it is B that causes C).

"Now we're going to talk about the role your thoughts play in your anger. You may often think that a certain event or person has "made" you angry, right? It can often seem as though our feelings come about in response to events that happen. But, there is actually something that takes place in between the external events and our feelings...something else that influences the way events affect our feelings – our thoughts. The thoughts we have in response to a situation can play a big role in how we feel about the situation."

"We can think of it in terms of A-B-C's. "A" stands for antecedent event, "B" stands for Beliefs, and "C" stands for Consequent behavior. An antecedent event is the event that occurs which starts the anger

episode, and consequent behavior is the way you behave in response to the situation (both the way your body responds and what you actually do). Let's use an example to make this more clear."

2. Present and discuss the following example to help the patient understand the way in which thoughts can influence feelings and behavior.

"If you're standing in the PTSD Clinic and someone grabs and pushes you from behind, what would your initial response be?"

- a. Discuss their physiological/behavioral/cognitive responses.

"Now imagine that when you turn around prepared to react, you realize that it's an elderly gentleman who staggered, lost his balance, and was grabbing his chest in pain. How would that information affect how you respond, think, and feel about the situation?"

- b. Discuss how the meaning of/reason for the grabbing and pushing impacts one's emotional and behavioral response.

"The behavior remains the same – you were pushed and grabbed from behind, but your understanding of the reasons for why you were pushed and grabbed changed."

3. Work through this example again on **Handout 5.1: A-B-C Worksheet** to ensure patient understands the use of the A-B-C method and how cognitions affect feelings and behavior.

- a. When this is clear, select a provocation event from the patient's diary and identify the contextual factors in the anger episode. Work with the patient to identify the cognitive (attention, expectation, and appraisal) components of the example.

"Let's choose an example from your diary to better understand how your thoughts are impacting your feelings of anger and behavior. ... OK, in that example, can you identify what you were thinking when it was happening?"

- What were you primarily paying attention to?
- What were your expectations about the situation (how it should have progressed) and the outcome (how you wanted the issue to be resolved)?
- What is your understanding of what happened?"

- b. Once you have reached an understanding of the patient's perception of the event, try to modify the appraisal of it.

"There are other ways to understand or interpret what was happening?" Can you tell me some?"

- c. Help the patient to recognize the dysfunctionality of anger in the situation and that the

appraisal produces the anger.

- Help him/her to understand the self-fulfilling prophecy -- that when acting on a situation as real, it becomes real in its consequences.

"It's hard to think of things differently, but can you see that your interpretation of this event as threatening / disrespectful (insert any appropriate word to this situation) made you respond with anger? If you had not felt threatened / disrespected (etc.), you likely wouldn't have felt angry."

- If patient has trouble generating alternative self-statements or meaning from the events, discuss with him/her how s/he is backing self into a trap that in the long run will increase anger problem

d. Using the same diary example, uncover anger-facilitating self-statements.

- Help the patient make the connection between the thoughts (self-statements) and the anger level.
- Search for the possibility of alternative self-statements in the patient's repertoire.
- After again discussing the functions of anger in this situation and its subsequent costs to the patient, suggest some coping self-statements that might be used.

"Now, with that same situation, remember how you said you were thinking, "...". (use specifics of the event to prompt). What do you remember saying to yourself? How did those thoughts influence your emotion level - did your thoughts help to calm you down or make you more angry?"

"What kinds of things could you have said to yourself instead, that would have helped you to calm down in that situation?"

"Thinking about anger events, and all the factors that contribute to them, in this way is very useful! This process is similar to how professional athletes picture themselves going through the motions prior to a competition. When you prepare yourself adequately for challenges that lay ahead, and review them after the fact, you are better equipped to manage them in a way that you wish.

E. Inoculation training

"Okay, now we're going to change gears a bit and begin to do some of the inoculation work that I told you about. This is when we will use the hierarchy scenes that we constructed. An important tool in learning to better manage your anger is to understand how to moderate your anger intensity, or how angry you become when you are in a provoking situation. It can be very uncomfortable to feel all the sensations of being angry, as we've discussed before. One thing this treatment will teach you is how to gain some mastery and control over those upsetting feelings. This inoculation work is one of strategies we'll use

to teach you how to exert control over the anger you experience. First, I'm going to guide you through a relaxation exercise to help you feel settled. Then, I'm going to take you through the first scene on your hierarchy again. Does that sound okay?"

1. Verbally review the scene to be covered and devise a plan for successful coping through discussion, modeling and rehearsal.
2. Apply lessons learned from previous discussion of cognitive re-appraisal and coping self statements.
3. Induce relaxation using diaphragmatic breathing and/or PMR.

"Let's begin by taking some deep breaths from your diaphragm. Close your eyes and take a minute to settle comfortably into your chair. Focus only on my voice and on your breathing. Remember to breathe in through your nose and then blow the air out through your mouth.

Continue to focus on the cool air coming in as you inhale, and the warm air coming out as you exhale and relax. Try to slow your breathing down, taking a little more time between inhaling and exhaling.

If necessary, guide them through more breathing by saying...Let's breathe together now. Breathe in counting to 5, hold your breath for a moment, and then exhale counting to 7. Breathe in 1-2-3-4-5, hold, breathe out 1-2-3-4-5-6-7. Now, sit quietly, trying to slow your breathing down, perhaps breathing in for 7 and breathing out for 10. Remember with each breath, you will feel more relaxed. Your whole body feeling loose and relaxed, like a rag doll. (allow 30-60 seconds).

4. Have the patient imagine his/her personal tranquil scene (pre-established during imagery work in earlier session, also called "Imaginary Sanctuary") for 30 seconds or until it is determined by you and by patient self-report that relaxation has been achieved.

"Do you remember the personalized tranquil scene we created together? I want you to spend a couple of minutes picturing that scene again now. Remember the (sights, sounds, smells, and things to feel – prompt with specifics for each individual patient's scene). Let me know when you can completely place yourself in that scene and feel relaxed."

5. Once relaxation has been achieved, present the first anger hierarchy scene with an anger-lessening moderator. This should be a situation of mild annoyance.

"Just continue relaxing like that. Now I want you to imagine the following scene: (present the scene on the hierarchy card with the anger-lessening moderator).

See it as clearly and vividly as you can. If you feel at all angry as you imagine it, signal me by raising your index finger."

6. If the patient does not signal anger for 15 seconds because it appears that the patient has either not experienced anger or has successfully managed the anger:

- Instruct him/her to "shut it off" and go back to relaxing
- Have the patient take a deep breath and open his/her eyes
- Praise the patient for successfully managing the anger
- Discuss the experience
- Repeat the exposure to the same hierarchy scene
 - with the anger-intensifying moderator if patient reported experiencing no anger on the first presentation
 - without any moderator if patient reported experiencing anger during the first presentation but was able to successfully manage the anger

7. If the patient does not signal anger for 15 seconds because it appears that the patient has purposely distracted from the exposure or has not engaged in the exposure:

Note to therapist: In this case it is likely the patient does not yet feel safe enough in the therapy context to experience his/her anger. The goal should be to discuss this and help patient feel safe (by focusing more on arousal reduction and relaxation techniques).

- Instruct him/her to "shut it off" and go back to relaxing
- Have the patient take a deep breath and open his/her eyes
- Discuss the experience
 - Initiate conversation on patient's comfort at experiencing anger in therapy session
- Review and practice relaxation techniques
 - Choose among Diaphragmatic Breathing, imagery of tranquil scene, Progressive Muscle Relaxation, etc.
- Assure patient that the therapist and patient will work together to adequately manage any anger that is expressed
- If time permits, repeat inoculation training exposure to same scene with anger-lessening moderator

8. If the patient does signal anger, then say:

"OK, you feel some anger; but now see yourself coping with the situation. See yourself staying composed, relaxing, settling down. Continue to imagine this scene, but see yourself handling it effectively."

- Bring the patient back to the tranquil scene for another 30 seconds of relaxation imagery.

"Now, when you're comfortable, I want you to close your eyes and go back to imaging your tranquil scene (name the specific place for that patient, i.e., the beach, the forest, etc.). Again, try to picture it and feel the sensations of the (sights, sounds, smells, and things to feel – prompt with specifics for each individual patient's scene)." (allow at

least 30-60 seconds, or adequate time for scene to be imagined successfully)

- Have patient take a deep breath and open his/her eyes.
8. Discuss patient's reactions to and experience with the Inoculation Training (IT) procedure.
- Inquire how s/he imagined the tranquility and anger scenes and how s/he saw him/herself coping with the anger scene.
 - If necessary, modify the hierarchy to one that is less anger-provoking
 - Patient must be able to successfully engage in and manage the first hierarchy scene at the start of IT during the next session.

F. Assign homework

1. Instruct the patient to continue self-monitoring and home practice of relaxation.
2. Acknowledge that anger diary recordings can be difficult to maintain, but encourage the patient that it will be helpful to keep systematic track of the anger for another couple of weeks, at which point the diary can be discontinued if the patient chooses.
3. Prescribe that the patient moderate arousal intensity this week when becoming angry, striving to keep anger at low to moderate levels. Suggest s/he:
 - a. actively utilize coping self-statements
 - b. examine anger triggers and appraisal of events when s/he becomes angry
 - c. attempt to modify appraisals.
4. Give patient **Handout 5.1: A-B-C Worksheet** and ask him/her to complete the bottom row of boxes with an event that takes place during the week.
5. Read **Handout 5.2: Session 5 Reading**

G. Relaxation Exercise

- If time permits, teach autogenics, a new relaxation exercise (See **Appendix 5.1**).
- Record autogenics on patient's relaxation tape.
- Ask patient to bring tape to next session.

Session 6

The main goals for this session are to conduct cognitive restructuring and complete inoculation training with arousal reduction.

- A. Present agenda for session (5 minutes)
- B. Review homework (10 minutes)
- C. Make final adjustments to hierarchy (10 minutes)
- D. Complete cognitive restructuring (use **Handout 6.1**) (25 minutes)
- E. Do inoculation training (20 minutes)
- F. Assign homework (5 minutes)
 - 1. Continue self-monitoring and home practice of relaxation
 - 2. Continue to moderate arousal intensity when becoming angry
 - 3. Have patient attempt role-taking
 - 4. Read Handout 6.2: Session 6 Reading

A. Present agenda for session

- Review homework
- Make final adjustments to hierarchy
- Complete cognitive restructuring (use **Handout 6.1**)
- Do inoculation training
- Assign homework

B. Review homework

If patient completed the homework:

1. Inquire about patient's success at utilizing relaxation strategies and moderating degree of arousal in the past week
2. Ask about patient's experience and thoughts about Handout 5.2: Session 5 Reading
3. Review Anger Diary and briefly discuss anger experiences during the week.
 - a. Assess for cognitive/physiological/behavioral/contextual elements of each experience
 1. Inquire about the predisposing events, situational circumstances, persons, goals, and modes of expression associated with the anger occurrences
 - b. Inquire about effective coping strategies the patient employed.

Possible inquiries could include:

 - "What did you learn about your anger through the experience of monitoring?"
 - "Did you notice any specific anger cues, or signals that you could identify which can help you realize that you're starting to become angry?"
 - "What coping strategies did you use when you became angry?"

- “Were you able to moderate the intensity/degree of arousal?”

Note to therapist: Intensity of arousal is a dimension on which you can get leverage for change, particularly if you can help the patient to understand that high intensity anger almost always leads to doing something that is later regretted. Help the patient to see that it may be quite all right to get angry about something, as long as the anger is kept at low or moderate levels of intensity. Intensity regulation will often precede frequency regulation; however, some patients who go on to achieve considerable success in anger control may nevertheless still have high intensity anger experiences.

If patient was noncompliant with homework

1. Inquire:

- “What seemed to get in the way of completing the self-monitoring and other homework assignments?”
- “What can we do to make it easier for you to complete the homework next time?”

2. Verbally review the week to elicit anger experiences and discuss as described above.

C. Check anger hierarchy

Hierarchy should be virtually finished, but use this opportunity to check that no changes are required. Adjust as necessary.

“Let’s just take a moment to review the anger hierarchy we’ve been working on. As I mentioned, I want to make sure that we have items that reflect a wide range of anger intensity, and that these are events that you tend to experience frequently.”

D. Cognitive restructuring

1. Review the primary components of cognitive theory/restructuring as they relate to anger
 - a. Feelings of anger are caused not only by external events themselves, but by the **meaning** the events have for us.
 - b. **How we think influences how we feel.**
 - c. Our expectations and goals shape how we perceive events.
 - d. Review the “A-B-Cs” (Antecedent events, Beliefs, and Consequent behavior) to explain cognitive mediation (Ellis would say, “We think that A causes C, but it is B that causes C”).

“Recall that last week we talked about the connection between thoughts and feelings? It can often feel as though events cause us to feel a certain way – but as you learned last week, your thoughts about the event play a very important role in determining how you feel. Let’s do another example to illustrate how this works. (Use **Handout 6.1: How Our Thoughts and**

Feelings are Linked to work through another example of thoughts leading to escalated angry feelings).

What do you remember about the A-B-Cs?

A stands for? What does that mean?

B stands for? What does that mean?

C stands for? What does that mean?

2. Select an example from the patient's homework and begin by breaking down the event into its contextual, cognitive, and physiological factors in the anger episode.

"Now, let's take a look at one of the experiences you wrote about in your diary. I would like us to break down that example so we really understand everything that contributed to how angry you felt: the things that happened prior to the event, your expectations about the event, the other things going on in the situation, and how your body was responding."

3. Then, having reached an understanding of the patient's perception of the event, try to modify the appraisal of it. Try to get the patient to consider alternative appraisals of the event. If the patient is having difficulty generating alternative interpretations for the event, you could try using one of the following strategies :

- a. Determine the significance of the situation

➤ Ask whether this situation is relevant to their survival

- b. If they are ruminating and maintaining anger toward a particular person, inquire why they wish to continue a relationship that is negative for them.

"Given that you know that interacting with and thinking about this person only brings you negative affect (i.e., anger, anxiety, grief), why are you choosing to continue spending so much time with someone who makes you feel bad?"

- c. Explain that the primary role of anger is fear suppression

"Often times when we feel anger, the anger is covering up additional feelings, such as hurt or fear. It can be useful to examine what additional feelings you were experiencing during this event/when you spend time with this person. Particularly for people who have survived traumatic experiences, we feel anger whenever we feel threatened, either physically or emotionally. Can you identify other feelings that you were experiencing during this event? Are there other strategies you could implement to address these feelings?"

- d. Try to reframe the appraisal of the event from a 'threat that requires attack' to a 'problem that needs to be resolved.'

"As we were just discussing, often we become angry when we feel threatened. One useful strategy is to change our view of anger provoking events from a 'threat that requires attack' to a 'problem that needs to be

resolved.' Let's apply that to this situation. How could you re-state this situation in terms of a problem that needs to be resolved?"

4. Introduce the idea that patients' expectations can lead to anger when they are unrealistic and when they are not effective for problem-solving.

- a. If appropriate, you may provide psychoeducation about how an individual's psychological needs impact his/her interpretation of events, emotional response to the events, and subsequent behavior.

"We often respond to situations with anger because of our expectations, which derive from our psychological needs (i.e., to be loved, respected, admired, etc.). Now let's consider the cognitive (or thought) parts of that example. How did your expectations and personal needs play a role in your anger feelings?"

5. If time permits, introduce the idea of role-taking (empathy, taking others' perspectives).
 - a. Build on the discussion above of helping patient modify his/her appraisals and expectations. This will be a prelude to the homework.

E. Inoculation procedure

"Okay, now we're going to change gears a bit and do some more of the inoculation work we started last session. First, I'm going to guide you through a relaxation exercise. Then, I'm going to take you through the first scene on your hierarchy again. Does that sound okay?"

1. Verbally review hierarchy scene #1 or 2 (depending on progress made during IT last session).
 - If patient completed 2 presentations of scene #1 by successfully engaging in and managing any aroused anger, begin today's IT with scene #2
 - If patient did not engage in IT or had difficulty managing aroused anger in the last session, begin today's IT with scene #1 (either without any moderator or with an anger-intensifying moderator)
2. Create an image of successful coping through modeling and rehearsal.
 - Make use of the cognitive reappraisal and coping self-statement points from the discussion that you just completed.
3. Induce relaxation and the tranquil scene, holding the latter for 30 seconds.

"Let's begin by taking some deep breaths from your diaphragm. Close your eyes and take a minute to settle comfortably into your chair. Focus only on my voice and on your breathing. Remember to breathe in through your nose and then blow the air out through your mouth.

Continue to focus on the cool air coming in as you inhale, and the warm air coming out as you exhale and relax. Try to slow your

breathing down, taking a little more time between inhaling and exhaling.

If necessary, guide them through more breathing by saying...Let's breathe together now. Breathe in counting to 5, hold your breath for a moment, and then exhale counting to 7. Breathe in 1-2-3-4-5, hold, breathe out 1-2-3-4-5-6-7. Now, sit quietly, trying to slow your breathing down, perhaps breathing in for 7 and breathing out for 10. Remember with each breath, you will feel more relaxed. Your whole body feeling loose and relaxed, like a rag doll. (allow 30-60 seconds).

"Do you remember the tranquil scene we created together? I want you to spend a couple of minutes picturing that scene again now. Remember the (sights, sounds, smells, and things to feel – prompt with specifics for each individual patient's scene). Let me know when you can completely place yourself in that scene and feel relaxed."

4. Instruct patient to imagine the hierarchy scene (with or without the moderator used in the last session, as determined above) and seek to apply the cognitive and relaxation skills to this scene in the imaginal mode.

"Just continue relaxing like that. Now, I want you to imagine the following scene: (present the scene as described on the card without any moderator variables). See it as clearly and as vividly as you can. If you feel at all angry as you imagine it, signal me by raising your index finger."

- If the patient **does not signal anger** for 20 seconds (either because s/he did not experience anger or was able to see him/herself coping)
 - Instruct patient to
 - "Shut it off" and return to imagining his/her personal tranquil scene
 - Take a deep breath and open his/her eyes (once patient has returned to relaxed state)
 - Praise the patient for successfully managing any aroused anger.
 - Discuss the experience
 - Complete a second presentation of the hierarchy item, striving for a 30 second exposure.
 - If the patient did not signal anger on the first round, add an anger-intensifying moderator.
 - Finish with deep breathing and relaxing images

- If the patient **does signal anger**, then instruct him/her somewhat as follows:

"OK, you feel some anger; but now see yourself coping with the situation. See yourself staying composed, relaxing, settling down. Continue to imagine this scene, but see yourself handling it effectively."

- Cue patient to implement coping techniques during imaginal exposure.

- Instruct the patient hold the imaginal scene (with coping strategies) for 20 seconds and then return to tranquil scene
- Once patient has returned to a relaxed state, have him/her take a deep breath and open his/her eyes
- Discuss the experience.
 - If the patient reports that the **anger remained salient** and s/he was not able to see her/himself cope successfully, re-evaluate the hierarchy position of the scene and its thematic elements.
 - If time permits, redo inoculation procedure to the same scene adding the anger-lessening moderator.

F. Assign homework

1. Continue self-monitoring and home practice of relaxation.
 - Acknowledge that anger diary recordings can be difficult to maintain, but that it will be helpful to keep systematic track of their anger for another week, after which they can discontinue the diary if they so choose.
2. Continue to moderate arousal intensity when becoming angry
 - Strive to keep anger at low to moderate levels.
3. Have patient attempt role-taking (“putting yourself in another person’s shoes” or “seeing the world through their eyes”).
 - Spend several minutes providing examples for patient about how to do this.

“Each of us looks at the world through our own pair of glasses. Learning to understand things through the other person’s point of view can help prevent anger and keep it from becoming too intense. Try to put yourself in the other person’s shoes; see the situation from their eyes and in terms of their needs and responsibilities. Know where the other person is coming from, and remember, to the other guy, you are the other guy. Very importantly, consider how your expression of anger will affect that person.”

“When you think about an anger event, ask yourself:

- How does the other person feel?
- What are they thinking?
- How did they want this situation to play out? Is this what they wanted?
- How are they responding to my reaction?”

4. Read **Handout 6.2: Session 6 Reading**

Session 7

The main goals of this session are to focus on themes of justification and entitlement, complete arousal reduction, and do inoculation training.

- A. Present agenda for session (1 minute)
- B. Review homework (10 minutes)
- C. Complete cognitive restructuring (30 minutes)
- D. Do inoculation training (30 minutes)
- E. Assign homework (4 minutes)
 - 1. Implement coping strategies
 - 2. Continue home practice of relaxation skills emphasizing use of imagery
 - 3. Review Handout 7.2: Self-Talk and 7.4: Self-Instruction: Coping by Talking to Yourself
 - 4. Read Handout 7.3: Session 7 Reading

A. Present agenda for today's session

- Review homework
- Complete cognitive restructuring
- Do inoculation training
- Assign homework

B. Review homework

1. Check on relaxation practice at home and ask what has been most useful.
 - While doing this, foster the patient's perception of self-control (i.e., the way in which s/he can actively exert control over emotions by using the relaxation strategies).
2. Review the diary entries and discuss the self-monitoring exercise.
 - Discuss diary entries in terms of which situations "justified" the anger response and which ones triggered anger that had no useful function.
 - Help patients discriminate between anger triggers and responses in an attempt to help them prevent becoming angry in situations that do not warrant the response.
3. Discuss role-taking assignment
 - Check on patient's ability to take another person's role in the anger provoking situation to help improve his/her ability to discriminate between "justified" and "unjustified" anger.
4. Check with patient about reactions to Handout 6.2: Session 6 Reading

C. Cognitive Restructuring

1. Focus the cognitive restructuring on themes of justification and entitlement.

Note to therapist:

“Justification” refers to the patient’s sense that his/her anger reactions and responses are acceptable and warranted (e.g., “he had it coming” or “what did she expect when she was acting that way?”)

“Entitlement” refers to the patient’s expectations that s/he be treated in a particular fashion, and when this treatment is not given to the patient, s/he will and should become angry.

For more information, refer to **TOOLS FOR ANGER CONTROL THERAPY** document

- a. Select a recent anger-provoking event and discuss the incidents that led up to it
 - Include other people’s behavior that increased anger arousal.
- b. Identify the patient’s expectations for the people and situation and call attention to the characteristics that increased anger arousal.
 - Discuss the psychological needs that underlie the patient’s expectation of others (i.e., need to control, perfectionism).

“Are these expectations realistic? Too high?”

“Do these expectations prime you to focus on anger?”

“Are these expectations conducive to problem solving?”

- c. Explain how unrealistic expectations of oneself and others increase peoples’ frustration.
 - High expectations are only problematic when they are not adjusted to fit the situation.
 - **People must be able to adjust their expectations according to the needs of the situation in order to increase their ability to cope with challenging situations.**
 - Help patients see the dysfunctionality of certain expectations without suggesting that they compromise their personal values.

“Having high expectations is great! The only time they become difficult is when they do not fit the situation. For instance, let’s say you have an 8 year old son who is not very athletically talented. Expecting him to be a star baseball player is an inappropriate expectation. When your son does not make the Little League team, how will you feel?”

Right- you’d probably feel pretty disappointed and frustrated because you wanted him to not only make the team, but be a star! Your expectation, which didn’t fit the situation, increased your frustration and anger level.

What would be a better expectation – one that won’t lead to frustration?

Yes - great example!”

Note to therapist. You also may want to give an example that relates to combat history (i.e., people being late or making mistakes during war may mean death or survival for you or others, but often these things aren't life or death here at home.)

"Sometimes our expectations come from our combat experiences. For instance, when fighting in combat, it frequently has life or death consequences if a person makes a mistake. Therefore, you may now have the expectation that people around you should not make mistakes. This expectation, though understandable in combat, is unrealistic in your current day-to-day life. Having this expectation in today's environment will lead to heightened arousal and increased anger. You need to be sure that both your expectations and responses fit the situation as much as possible (i.e., are not over-reactions)."

2. Identify Components of Anger-Inducing Situations

- a. Explain that anger-provoking situations occur as a sequence of events that lead to increased anger arousal.
 - Treatment will teach the patient to handle anger episodes part by part, instead of trying to cope with an entire anger episode all at once.
 - The sequence includes:
 - events that take place prior to becoming angry
 - feelings aroused by the event
 - interactions with the person/situation
 - lingering thoughts after the anger episodes is over
 - Explaining the stages of anger allows the situation to be broken down into different components which **increases the chances for successful coping**.

Note to Therapist: This is another aspect of the treatment that seeks to make an otherwise confusing and overwhelming emotional state into an experience that the patient can control.

"So, let's take the example you wrote about in your diary...."

Go over an example from the diary using **Handout 7.1: Stages of an Anger Episode**

"I want you to notice that the anger episode was not an event that happened all at once. Instead, there were several factors that went into how upset you became and how the situation turned so negative. There are many instances in the sequence where you could choose to manage your anger differently before it escalates. By doing this, you will feel more in control of your anger and you will be making decisions to manage your anger in a way in which you can be proud."

3. Use of Self-Talk

- a. Introduce use of self-instructions (*guided self-talk*) as a way to improve anger control.

"As you have learned, what we say to ourselves impacts how we feel. When we change our self-talk, or what we say to ourselves, our responses, feelings, and behavior can also change. A key to managing anger differently, is changing our self-talk. We're going to discover how you can use self-talk as a method for helping cope with your anger."

"Let's look at some handouts to better understand how this can work."

- b. Read through and complete **Handout 7.2: Self Talk** to better explain the use of self-talk and self-instructions
 1. use this handout also to link the use of self instructions to cognitive restructuring, arousal regulation, and behavioral coping
- c. Briefly read through **Handout 7.3: Session 7 Reading** to demonstrate how self-instructions can be used at different stages of anger arousal to improve anger management
 - to prepare for a confrontation
 - to cope with a confrontation
 - to cope with arousal and agitation
 - to reflect on a conflict in a useful manner
 1. review lists and examples of self-instructions
- d. Develop self-instructions collaboratively with the patient.

Note to Therapist: Ensure that self-instructions stem from the patient's personal experience and are tailored to fit each situation (are not general phrases repeated regardless of the situation).

"Let's develop some new self-instructions that you could use, and we can use the example we just spoke of when doing the handout (Handout 7.2). What do you think would have been a useful and realistic thing to say to yourself when this situation was occurring?"

"Think of the self instructions that you came up with in relation to this situation. Remember the self-talk you were actually using when the situation occurred. Do you see a difference? Can you see how the actual self-talk you were using increased your anger arousal while the self-instructions we developed here will help you to think about the situation differently? This will, in turn, help you to not become as angry and cope with your emotions without losing control. When you think about something differently, you will feel differently, and will therefore be able to better control your behavior."

1. Review and complete **Handout 7.4: Self-Instruction: Coping by Talking to Yourself** in session and assign detailed review for HW.
 - a. Record examples of personalized self-instructions on this handout.

e. Explain how self-instructions can be used to initiate relaxation.

1. Self-instructions can shift one's focus from anger provoking material to relaxing imagery, breathing control, and relaxing tense muscles.
2. Work to further develop patient's anger control imagery.

"You can actually use self-instructions to remind yourself to use relaxation – breathing, PMR, or imagery. What you say to yourself could either increase or decrease your anger and level of arousal. How do you think you could use self-instructions to better manage and cope with your anger?"

D. Conduct Inoculation Training

"Okay, now we're going to change gears a bit and do some more of the inoculation work we started a couple of weeks ago. First, I'm going to guide you through a relaxation exercise. Then, I'm going to take you through the next scene on your hierarchy again. Does that sound okay?"

1. Verbally review hierarchy scene #2 or 3 (depending on progress made during IT last session) and identify the anger triggers.
2. Use modeling and rehearsal to help patient create an image of successful coping for designated hierarchy item.
 - Incorporate self-instruction in coping with the situation and anger arousal.
 - Discuss any cognitive modification gains made during the conversation about themes of entitlement and justification.

"OK, we're going to use the next scene from your hierarchy. How would you describe handling this situation in a successful way...how do you wish you could manage this situation? What kind of self-talk do you think you could use to facilitate managing your emotion in a positive way? How does this relate to all the things we've discussed and you've realized about your expectations for this situation?"

3. Induce relaxation and imagining of the tranquil scene, holding the latter for 30 seconds. Try to rely more on deep breathing and less on PMR to induce relaxation.

"Let's begin by taking some deep breaths from your diaphragm. Close your eyes and take a minute to settle comfortably into your chair. Focus only on my voice and on your breathing. Remember to breathe in through your nose and then blow the air out through your mouth.

Continue to focus on the cool air coming in as you inhale, and the warm air coming out as you exhale and relax. Try to slow your breathing down, taking a little more time between inhaling and exhaling.

I want you to think of your tranquil scene and spend a couple of minutes picturing that scene again now. Remember the (sights, sounds, smells, and things to feel – prompt with specifics for each individual patient's scene). Let me know when you can completely place yourself in that scene and feel relaxed."

- Determine that patient is relaxed by your inspection and his/her self-report.

4. Once relaxation has been achieved, conduct the imaginal mode inoculation for the selected scene.

"Just continue relaxing like that. Now, I want you to imagine the following scene: (present the scene as described on the card). See it as clearly and as vividly as you can. If you feel at all angry as you imagine it, signal me by raising your index finger."

- If the patient **does not signal anger** for 20 seconds,
 - Instruct patient to
 - "Shut it off" and return to imagining his/her personal tranquil scene
 - Take a deep breath and open his/her eyes (once patient has returned to relaxed state)
 - Praise the patient for successfully managing any aroused anger.
 - Discuss the experience
 - Complete a second presentation to the same hierarchy scene, striving for a 30 second exposure.
 - If the patient did not signal anger on the first round, add an anger-intensifying moderator.
 - Finish with deep breathing and relaxing images

- If the patient **does signal anger**, then instruct him/her somewhat as follows:

"OK, you feel some anger; but now see yourself coping with the situation. See yourself staying composed, relaxing, settling down. Continue to imagine this scene, but see yourself handling it effectively."

- Prompt patient to see him/herself coping with the provocation by encouraging the patient to use self-statements to see him/herself coping successfully (thinking of situation in productive manner and staying relaxed while managing the situation).
- Instruct the patient hold the imaginal scene (with coping strategies) for 20 seconds and then return to tranquil scene
- Once patient has returned to a relaxed state, have him/her take a deep breath and open his/her eyes

- Discuss the experience and the coping efforts that the patient was able to imagine him/herself enacting.
 - Complete a second presentation to the same hierarchy scene, striving for a 30 second exposure.
 - If anger is signaled as rapidly as the first time, calmly suggest that the patient shut off the image and return to the tranquil scene.
 - Help patient utilize relaxation strategies if necessary.
 - When patient is again relaxed, try the same hierarchy scene again with an anger-lessening moderator.
 - Complete two presentations of the hierarchy scene without anger being signaled or with the patient reporting that s/he can see him/herself coping with the provocation.
 - After returning to the tranquil scene, have the patient take a deep breath and discuss the scene to determine its difficult elements.
 - Make adjustments to hierarchy as needed.
5. The IT will be finished for this session once two presentations of the hierarchy scene have been completed either without anger being signaled or with the patient reporting that s/he can see him/herself coping with the provocation.

D. Assign Homework

1. Implement coping strategies developed during session as needed throughout the week.
 - While discussing homework, predict the likelihood of anger-provoking situations arising during the upcoming week.
 - Develop a self-instruction strategy for coping with these events.
2. Continue home practice of relaxation skills emphasizing use of imagery
3. Review **Handout 7.2: Self-Talk** and **7.4: Self-Instruction: Coping by Talking to Yourself**
4. Read **Handout 7.3: Session 7 Reading**

Session 8

The goals of this session are to focus cognitive restructuring on themes of prevention, self-control, and constructive coping, to introduce behavioral coping as a method for preventing anger problems, and to conduct inoculation training utilizing behavioral coping strategies.

- A. Present agenda for session (2 minutes)
- B. Review homework (10 minutes)
- C. Cognitive Restructuring (20 minutes)
- D. Introduce Behavioral Coping Skills (20 minutes)
- E. Facilitate Inoculation Training (20 minutes)
- F. Assign Homework (3 minutes)
 - 1. Continue relaxation practice at home.
 - 2. Instruct the patient to attend to signals of anger and use them as cues to cope constructively
 - 3. Communicate anger constructively

A. Present Agenda for today's session

- Review homework
- Complete cognitive restructuring
- Discuss behavioral coping
- Conduct Inoculation Training
- Assign Homework

B. Review Homework

1. Inquire about relaxation practice at home, fostering patient's sense of self-control.
2. Discuss patient's use of self-instruction strategy in the past week.
 - What worked best?
 - Were there any positive or negative consequences that the patient had not expected?
3. Give praise for work done well.

C. Cognitive Restructuring

Themes: **Prevention, self-control, constructive coping**

1. Prevention strategies
 - A. Explain how self-instruction and breaking the provocation event into stages can be used as *prevention strategies*.
 - Emphasize that **the point of anger control is not so much a matter of "what do you do when you get angry" but how to not get angry in the first place.**

- Explain how use of self-instructions allows for greater personal control and constructive coping.
 - This is a salient aspect of the “task-oriented” cognitive-behavioral skill to be emphasized next.

“You now see the benefit and importance of using self-talk to help you manage your intense emotions, and you already understand that anger events are not one single event, but rather a sequence of many small events which can escalate and culminate in an anger episode. Knowing that you could intervene at any given point during the anger episode gives you more control over the situation once it is occurring.

Let’s switch and discuss how you can use these strategies to prevent yourself from responding to situations with such intense anger. One main goal of anger management is to understand how to better control your anger when you get angry. Another goal is to know how to prevent yourself from getting angry in the first place. You can use your self-talk and other coping strategies (those that you have already learned and more which you will learn in future sessions) to prevent yourself from becoming angry in many situations. Let’s use an example from your diary to illustrate this.”

B. Select a recent high anger event and attempt to modify the cognitive systems. (*Selecting a high anger event insures a strong personal investment and a desired goal.*)

- Examine the dysfunctionality of the expectations and appraisals linked with the anger episode.
 - “What were your expectations about this situation? Were they realistic?”
 - “How did you interpret the other person’s behavior?”
 - “Did you feel threatened? Were those feelings/appraisals justified given the situation?”
- Identify desired outcomes
 - If harming the other person was a goal, help the patient identify other outcomes more in his/her long-term best interest.
 - “What was it that you really wanted to accomplish in this situation?”
 - “What was the outcome that you wanted?”
 - “How could it have worked out well for you?”

C. Explain *task-orientation* as a goal of treatment

- Explain and contrast being “task-oriented” with being “self-oriented.”
 - Self-oriented is organizing perceptions of events in terms of threat, which leads to emotional arousal.

- Task-oriented is focusing on desired outcomes, which involves actually changing the undesirable situation.
- Changing one's orientation will both minimize anger and also change the circumstances that produce anger.

"Like we discussed in an earlier session, instead of seeing provoking events as threats that call for attack, we can view them as problems calling for a solution. Being task-focused can help us to think about how to change a bad situation."

"Learning to become task-oriented is a central goal of this treatment because it will allow you to prevent much of your anger arousal from happening."

- Complete **Handout 8.1: Task-orientation vs. Self-orientation**

D. Introduce Behavioral Coping skills

1. Introduce and explain behavioral coping.

- a. Being task-oriented leads to an improvement in behavioral coping skills.
- b. Behavioral coping means being able to problem-solve more effectively.
- c. Minimizing anger involves knowing what to do to correct/better manage situations of provocation.
- d. Reinforce the idea that as they become more effective in coping, their need for anger and their inclination to become angry will progressively diminish.

"To become more task-oriented, we are going to focus on developing skills to help you cope with anger-provoking situations. As you get used to managing these situations, you'll notice that your anger response will decrease – you won't feel the same amount of anger as you used to in similar situations."

2. Discuss constructive expression of anger

- a. Discuss examples of constructive versus non-constructive anger expression

"One of the most important coping skills you will learn is communicating effectively or constructively about anger. Let's talk about the difference between constructive and non-constructive ways of communicating about anger."

- You may choose to review a past diary example to highlight and discuss differences in constructive vs. non-constructive examples of anger expression.
 - "For example, let's discuss this diary example. You expressed your anger first by...."

- “Was that a constructive or non-constructive way of expressing your anger (i.e., did it increase negative anger expression or work to solve the problem at hand)?”
- What types of behaviors do you see in other people that escalate your anger (cursing, raising voice, name calling)?
- “What would be some constructive ways to express your anger in this situation?”

b. Build on ideas of empathic listening

c. Complete **Handout 8.2: Constructive vs. Non-constructive Ways of Expressing Anger**

3. Focus on anger communication and role-play an anger event

a. Conduct a provocation role-play, with the therapist taking the role of the provoking person.

- After completing the role-play, reverse roles with the patient
 - The therapist should polarize the anger expression by first enacting a very unconstructive anger venting and then enacting a passive response as a contrast.
 - Ask the patient to consider a constructive response that is somewhere between being out of control and being passive.

b. Discuss the patient's typical ways of communicating anger.

- Be sure to acknowledge contextual variation that you know from earlier assessments.

4. Model effective communication of anger while emphasizing task orientation.

a. Re-examine the patient's *role-taking skills*

- Discuss patient's ability to take the perspective of the other person in the role-play.
- Link the role-taking ability to flexibility in appraisal structure (i.e., help the patient understand the value of considering alternative ways to interpret a situation.)
- Remind patient to be task-oriented (i.e., maintain focus on solving the problem).

5. Discuss consequences of alternative behaviors

a. Have the patient think through the consequences of alternative behaviors (i.e. different ways of expressing anger when angry)

b. Note the possible outcomes of various forms of anger communication for themselves and for others.

6. Anticipate obstacles

a. Encourage the patient to begin to *anticipate obstacles* to their efforts.

b. Discuss the realities of inevitable misfortune that will thwart their effort to cope constructively.

7. Reiterate that behavioral coping can be used to prevent anger problems

a. Point out ways in which these new coping skills can **prevent** anger

- Being able to anticipate problems and strategically plan ways to manage the problems can prevent intense anger and non-constructive anger expression.

E. Facilitate Inoculation training

"Okay, now we're going to change gears a bit and do some more of the inoculation work we started a couple of weeks ago. First, I'm going to guide you through a relaxation exercise. Then, I'm going to take you through the next scene on your hierarchy again. Does that sound okay?"

1. The goal this session will be to complete one (not two) successful imaginal inoculation exposure and one role play inoculation exposure.
2. Verbally review hierarchy scene #2, 3, or 4 (depending on progress made in prior sessions) with the patient and rehearse cognitive, arousal, and behavioral coping.
3. Use modeling and rehearsal to help patient create an image of successful coping for designated hierarchy item.
 - Incorporate self-instruction and behavioral coping strategies to better manage the situation and anger arousal.
 - Discuss any cognitive modification gains made during the conversation about themes of prevention.

"OK, we're going to use scene #2 (or 3) from your hierarchy. How would you describe handling this situation in a successful way...how do you wish you could manage this situation? What kind of self-instruction do you think you could use to facilitate managing your emotion in a positive way? How does this relate to all the things we've discussed and you've realized about your expectations for this situation? What would be some examples of constructive expressions of your anger for this situation?"

4. Induce relaxation and imagining of the tranquil scene, holding the latter for 30 seconds. Try to rely more on deep breathing and imagery, and less on PMR to induce relaxation.

"Let's begin by taking some deep breaths from your diaphragm. Close your eyes and take a minute to settle comfortably into your chair. Focus only on my voice and on your breathing. Remember to breathe in through your nose and then blow the air out through your mouth.

Continue to focus on the cool air coming in as you inhale, and the warm air coming out as you exhale and relax. Try to slow your breathing down, taking a little more time between inhaling and exhaling.

I want you to think of your tranquil scene and spend a couple of minutes picturing that scene again now. Remember the (sights,

sounds, smells, and things to feel – prompt with specifics for each individual patient's scene). Let me know when you can completely place yourself in that scene and feel relaxed."

- Determine that patient is relaxed by your inspection and his/her self-report.

5. Once relaxation has been achieved, conduct the imaginal mode inoculation for the selected scene.

- Have the patient imagine the hierarchy scene and seek to apply the cognitive and relaxation skills to this scene in the imaginal mode.
- Encourage the patient to see him/herself coping with the provocation.

"Just continue relaxing like that. Now, I want you to imagine the following scene: (present the scene as described on the card). See it as clearly and as vividly as you can. If you feel at all angry as you imagine it, signal me by raising your index finger."

- If the patient **does not signal anger** for 20 seconds,
 - Instruct patient to
 - "Shut it off" and return to imagining his/her personal tranquil scene
 - Take a deep breath and open his/her eyes (once patient has returned to relaxed state)
 - Praise the patient for successfully managing any aroused anger.
 - Discuss the experience, including the coping efforts that the patient was able to imagine him/herself enacting
 - Finish with deep breathing and relaxing images

- If the patient **does signal anger**, then instruct him/her somewhat as follows:

"OK, you feel some anger; but now see yourself coping with the situation. See yourself staying composed, relaxing, settling down. Continue to imagine this scene, but see yourself handling it effectively."

- Prompt patient to see him/herself using self-instruction and behavioral coping strategies to see him/herself coping successfully (thinking of situation in productive manner and staying relaxed while managing the situation).
- Instruct the patient hold the imaginal scene (with coping strategies) for 20 seconds
- Instruct the patient to return to the tranquil scene for another 30 seconds of relaxation imagery.
- Once patient has returned to a relaxed state, have him/her take a deep breath and open his/her eyes
- Discuss the experience and the coping efforts that the patient was able to imagine him/herself enacting.
 - a. If the patient reports that the **anger remained salient** and s/he was not able to see her/himself cope successfully, you must re-evaluate the hierarchy position of the scene and its thematic elements.
 - Repeat imaginal exposure to same scene with an anger-lessening moderator.

- Help patient utilize relaxation strategies if necessary.
 - b. If patient was **able to see him/herself coping successfully**, do the following steps:
 - Complete one presentation of the hierarchy scene without anger being signaled or with the patient reporting that s/he can see him/herself coping with the provocation.
 - After returning to the tranquil scene, have the patient take a deep breath and discuss the scene to determine its difficult elements.
 - Make adjustments to hierarchy as needed.
6. Conduct a role-play inoculation exposure to same hierarchy scene (assuming it involves behavior of another person).
- ❖ For the role-play inoculation, you can work with hierarchy scene 1, 2, 3, 4, or 5 (limited on the upper end by what was completed in the imaginal mode), selecting the scene that is suitable for practicing interpersonal communication skills that you have been training.
- Therapist should role-play the provoking person.
 - Therapist should act out the provoking behavior prior to beginning the role-play to insure it is a good portrayal of the situation. When therapist's role play behavior is accurate,
 - Review with patient the coping strategy that was found useful in the imaginal mode exposure and instruct the patient to use it in the role-play exposure.
 - Remind the patient to use self-instructions, particularly those suited for preparing oneself for the anger event.
 - Discuss effectiveness of various coping efforts and take note of beneficial strategies.

F. Assign homework

1. Continue relaxation practice at home.
2. Instruct the patient to attend to internal and external signals of anger (i.e., heart beat racing, sweating, face becoming red, voice getting louder, etc.) and to explicitly try to use them as cues to cope constructively.

"This week I want you to pay special attention to signs that you are becoming angry. For instance, notice if your heart begins to beat faster, or if you start to make fists with your hands or speak in a louder voice. (Give examples that are specific to each individual patient.) Once you recognize the signs that you are becoming angry, use the signs to remind yourself to start using some of your new coping skills, like self-instruction or staying task-oriented."
3. Prescribe that the patient make an effort to communicate anger constructively and to self-monitor the process.

Session 9

The goals of this session are to focus cognitive restructuring on attentional focus and appraisal structures, review arousal reduction and behavioral coping, and conduct inoculation training.

- A. Present agenda for session (5 minutes)
- B. Review homework (10 minutes)
- C. Cognitive Restructuring (20 minutes)
- D. Review arousal reduction (5 minutes)
- E. Behavioral Coping skills (15 minutes)
- F. Facilitate Inoculation Training (20 minutes)
- G. Assign Homework (5 minutes)
 - 1. Continue relaxation practice at home.
 - 2. Instruct the patient to implement preparatory coping
 - 3. Communicate anger constructively

A. Present Agenda for today's session

- Review homework
- Complete cognitive restructuring
- Review arousal reduction
- Discuss behavioral coping
- Conduct inoculation training
- Assign homework

B. Review Homework

1. Briefly check in about patient's relaxation practice
2. Discuss the patient's anger experiences since the last session.
 - a. Probe for what patient learned during the week about effective coping strategies
 1. Inquire about patient's success at attending to internal and external signals of anger and explicitly using them as cues to cope constructively
 2. Discuss what self-instructions and behavioral coping skills were useful when anger cues were noticed
 - b. Praise them for making gains in anger control, however small.
3. Inquire about instances of constructive communication of anger.

C. Complete cognitive restructuring

1. Identify a recent high anger situation
 - a. Examine **attentional focus** in this (and if appropriate, other) anger situation(s).
 1. Determine salient cues that precede or elicit anger reactions.
 2. Discuss how attending to highly charged cues or "triggers" increases anger
 - By attending to triggers, patient is allowing him/herself to be controlled by the situation and the anger

- The patient may say s/he feels stronger or more powerful when angry, but this is an illusion.
- Rather, s/he is more like a puppet on a string being yanked around by someone else.

b. Modify **appraisal structures** by promoting an alternative appraisal of the event.

Note to Therapist: Creating greater flexibility in the appraisal system fosters anger control.

1. Incorporate role-taking and empathy for others, if appropriate.
2. Discuss the patient's emotional need structures (i.e., need for control, need for admiration, need to be right and be respected for one's opinions) as driving forces for the anger reaction and the *automaticity of the antagonistic cognitions*.
 - For instance, if a patient has a strong need to be respected and feels disrespected and belittled by another person, the patient's negative self-talk will occur automatically, perhaps without the patient even recognizing that it's happening.
 - When seeking to modify appraisal structures, automatic self-talk must be discussed and altered in order to create a new appraisal of the situation (i.e., instead of the other person attempting to disrespect or belittle the patient, perhaps s/he was simply offering an alternative opinion).

c. Continue to develop the "**task-orientation**" theme as a coping strategy in conjunction with the cognitive re-appraisal effort.

Reminder:

Task-orientation refers to staying focused on desired outcomes and involves actually changing undesirable situations

Ego-orientation organizes events in terms of threat

D. Review arousal reduction

1. Review acquired relaxation skills and discuss the efficacious elements.

Note to Therapist: Patient should be proficient at inducing relaxation when alone in a quiet place, but may still have difficulty successfully implementing relaxation skills in everyday situations

- a. review deep breathing, abbreviated muscle relaxation, and mental imagery as techniques to be used in stressful situations.
- b. discuss these techniques and other strategies discovered by the patient as skills to be used for dealing with tension and agitation that persist during attempts at coping.
 - Help the patient understand that efforts to control anger often will not be successful and that tension, agitation, and residual anger will inevitably arise.

2. Demonstrate and reiterate how arousal regulation is an important part of anger management.

E. Behavioral Coping skills

1. Continue building communication skills (e.g., listening and constructive expression of anger).

Note to Therapist: The patient will likely be stuck in his/her long-acquired style of verbal exchange, and the shift to a *problem-focused mode of interacting* will not come quickly. As you are building behavioral skills, you must provide modeling and esteem-enhancing encouragement.

2. Conduct and audiotape a role-play (to facilitate the learning of constructive expression that is focused on a situational goal or objective)
 - a. Choose an anger event from this week's diary
 - b. Audiotape a role-play of this situation
 - Have the patient play the role of the patient and the therapist take the role of the other person.
 - c. Review the interaction by listening to the tape of the role-play
 - d. Discuss the patient's behavior
 - pay particular attention to patient's constructive and unconstructive anger expression
 - praise instances of constructive anger expression
 - model and discuss ways to improve instances of unconstructive anger expression.
3. Discuss obstacles and change
 - a. Discuss *obstacles to constructive expression* of anger rooted in various motivations for antagonism.
 - b. Discuss potential *obstacles to effective coping* (e.g., things that are likely to happen which will get in the way of achieving anger control)
 - In unraveling such obstacles, allow the patient's sentiment to unfold (i.e., do not put up resistance that will shut-down their disclosure).

"There are usually obstacles that make changing our own behavior challenging. You now know several ways of managing your anxiety and arousal level, and you have several strategies for how to express you anger in a constructive fashion. However, there will be times when it will be difficult for you to use these strategies.

- What types of obstacles or situations can you foresee which will get in the way of your using your new skills?
- What traits about yourself do you think may make this change process harder?
- How can you address these issues and plan for these types of situations arising?

- You have worked hard here and have learned many things. What can you do to improve the likelihood of success at expressing your anger differently than you have in the past?

Let's review the reasons why you're working to change how you express your anger.

- How will making these changes improve your relationships, work life, overall quality of life?"

4. Anticipate the consequences of poorly managed anger

a. promote the idea of *anticipating the consequences of angry behavior*

- help the patient anticipate what will happen to both him/herself and others as a result of unregulated anger

F. Facilitate inoculation training

"Okay, now we're going to change gears a bit and do some more of the inoculation work. First, I'm going to guide you through a relaxation exercise. Then, I'm going to take you through the next scene on your hierarchy again. Does that sound okay?"

1. The goal this session will be to complete one (not two) successful imaginal inoculation exposure and one role play inoculation exposure.
2. Verbally review hierarchy scene #3, 4, or 5 (depending on progress made in prior sessions) with the patient
 - a. check on the accuracy of the provocation level, as the subjective estimate of this may have changed since the initial construction
 - b. rehearse cognitive, arousal, and behavioral coping.
3. Rehearse the cognitive, arousal, and behavioral coping strategy for this provocation to help the patient create an image of successful coping for designated hierarchy item.
 - Model an effective coping effort
 - Insure that the patient can visualize enacting the coping, including relevant self-instructions

"OK, we're going to use the next scene from your hierarchy. How would you describe handling this situation in a successful way...how do you wish you could manage this situation? What kind of self-instruction do you think you could use to facilitate managing your emotion in a positive way? How does this relate to all the things we've discussed and your expectations for this situation? What would be some examples of constructive expressions of your anger for this situation?"

4. Induce relaxation and imagining of the tranquil scene, holding the latter for 30 seconds. Try to rely more on deep breathing and imagery, and less on PMR to induce relaxation.

"Let's begin by taking some deep breaths from your diaphragm. Close your eyes and take a minute to settle comfortably into your chair. Focus only on my voice and on your breathing. Remember to breathe in through your nose and then blow the air out through your mouth. (allow 30-60 seconds to breath in silence)

Continue to focus on the cool air coming in as you inhale, and the warm air coming out as you exhale and relax. Try to slow your breathing down, taking a little more time between inhaling and exhaling.

I want you to think of your tranquil scene and spend a couple of minutes picturing that scene again now. Remember the (sights, sounds, smells, and things to feel – prompt with specifics for each individual patient's scene). Let me know when you can completely place yourself in that scene and feel relaxed."

- Determine that patient is relaxed by your inspection and his/her self-report.

5. Once relaxation has been achieved, conduct the imaginal mode inoculation for the selected scene.

- Have the patient imagine the hierarchy scene and seek to apply the cognitive and relaxation skills to this scene in the imaginal mode.
- Encourage the patient to see him/herself coping with the provocation.

"Just continue relaxing like that. Now, I want you to imagine the following scene: (present the scene as described on the card). See it as clearly and as vividly as you can. If you feel at all angry as you imagine it, signal me by raising your index finger."

- If the patient **does not signal anger** for 20 seconds,
 - Instruct patient to
 - "Shut it off" and return to imagining his/her personal tranquil scene
 - Take a deep breath and open his/her eyes (once patient has returned to relaxed state)
 - Praise the patient for successfully managing any aroused anger.
 - Discuss the experience, including the coping efforts that the patient was able to imagine him/herself enacting
 - Finish with deep breathing and relaxing images
- If the patient **does signal anger**, then instruct him/her somewhat as follows:

"OK, you feel some anger; but now see yourself coping with the situation. See yourself staying composed, relaxing, settling down. Continue to imagine this scene, but see yourself handling it effectively."

- Prompt patient to see him/herself using self-instruction and behavioral coping strategies to see him/herself coping successfully (thinking of situation in productive manner and staying relaxed while managing the situation).
 - Instruct the patient hold the imaginal scene (with coping strategies) for 20 seconds
 - Instruct the patient to return to the tranquil scene for another 30 seconds of relaxation imagery.
 - Once patient has returned to a relaxed state, have him/her take a deep breath and open his/her eyes
 - Discuss the experience and the coping efforts that the patient was able to imagine him/herself enacting.
 - a. If the patient reports that the **anger remained salient** and s/he was not able to see her/himself cope successfully, you must re-evaluate the hierarchy position of the scene and its thematic elements.
 - Repeat imaginal exposure to same scene with an anger-lessening moderator.
 - Help patient utilize relaxation strategies if necessary.
 - b. If patient was **able to see him/herself coping successfully**, do the following steps:
 - Complete one presentation of the hierarchy scene without anger being signaled or with the patient reporting that s/he can see him/herself coping with the provocation.
 - After returning to the tranquil scene, have the patient take a deep breath and discuss the scene to determine its difficult elements.
 - Make adjustments to hierarchy as needed.
6. Conduct a role-play inoculation exposure to same hierarchy scene (assuming it involves behavior of another person).
- ❖ For the role-play inoculation, you can work with hierarchy scene 1, 2, 3, 4, or 5 (limited on the upper end by what was completed in the imaginal mode), selecting the scene that is suitable for practicing interpersonal communication skills that you have been training.
 - Therapist should role-play the provoking person.
 - Therapist should act out the provoking behavior prior to beginning the role-play to insure it is a good portrayal of the situation. When therapist's role play behavior is accurate,
 - Review with patient the coping strategy that was found useful in the imaginal mode exposure and instruct patient to use it in the role-play exposure.
 - Remind patient to use self-instructions, particularly those suited for preparing oneself for the anger event.
 - Discuss effectiveness of various coping efforts and take note of beneficial strategies.
 - ❖ If time runs out, be sure to return to the role-play inoculation of this scene in the next session.

Note to Therapist: The effectiveness of the role-play training, as in much else in this treatment approach, hinges on your personal rapport with the patient and your ability to foster the patient's sense of self-worth and of personal efficacy in executing the behavioral skills. Impart to the patient a sense of dignity and control.

For example, it can be very helpful to orchestrate your suggested coping behavior around the theme of being "dignified"; that is, conveying to the patient that s/he is "dignified", and this is how a dignified person would respond in such situations. When done in a strong spirit, with self-assurance, and with tactical proficiency, this will in no way look like "caving in" to the provocateur or being a pushover. **Anger control comes from the combination of cognitive processing, arousal regulation, and behavioral proficiency.** In the role-play training, you are teaching the patient tactical skills, helping him/her build confidence, and providing him/her with support for changing behavior.

G. Assign Homework

1. Continue relaxation practice at home.
2. Instruct patient to attempt to use **preparatory coping**, which means the patient will
 - a. practice thinking constructively and positively about situations
 - b. use self-instructions in an effort to prevent anger arousal.

"This week, I want you to try to think positively about potentially challenging situations. For instance, can you think of any situations that may happen this week that could be anger producing? OK, so before you go to (repeat the situation), spend some time thinking about a positive way to manage the situation. Also, imagine the event going smoother than you're currently assuming it will go. Create some self-instructions relevant to this situation which will help you cope with any anger that may be aroused."

3. Prescribe that the patient implement use of constructive expression of anger in situations of annoyance or social friction

Session 10

The goals of this session are to continue to focus cognitive restructuring on attentional focus and extend the work to include rumination and post-event preoccupation with the provocation. Also, review arousal reduction and behavioral coping, and conduct inoculation training.

- A. Present agenda for session (2 minutes)
- B. Review homework (10 minutes)
- C. Proceed with Cognitive Restructuring (15 minutes)
- D. Initiate arousal regulation (10 minutes)
- E. Behavioral coping (20 minutes)
- F. Facilitate Inoculation Training (15 minutes)
- G. Assign Homework (5 minutes)
 - 1. Continue relaxation practice at home.
 - 2. Prescribe that the patient try to **minimize rumination**
 - 3. Attend to situational elements that escalate anger

A. Present Agenda

- Review homework
- Cognitive Restructuring
- Arousal regulation
- Behavioral Coping
- Inoculation Training
- Assign homework

B. Review homework

1. Inquire about continued practice of relaxation strategies, focusing on patient's sense of self-control.
2. Inquire about the patient's efforts at preparatory coping (thinking constructively and positively about situations and using self-instructions in an effort to prevent anger arousal).
 - Examine the degree to which s/he could turn attention away from anger cues and could instead focus on problem-solving strategies.
3. Inquire about patient's success with constructively expressing anger in situations of annoyance or social friction
4. Continue to learn about the coping strategies that are effective for the patient and continue to develop a repertoire of self-instructions.

C. Proceed with Cognitive Restructuring

Themes: **rumination and post-event preoccupation with the provocation**

1. Continue work on attentional focus and anger cue salience (begun in last session).

- a. choose a recent provocation example
- b. closely examine the attributes of the situation and the behavior or features of the provoking person.
- c. help the patient to understand how giving primary attention to these attributes thereby *slants* or *pre-sets* his/her own experience in the direction of anger and loss of control.
 - The patient brings anger on him/herself by focusing on triggers.
- d. Extend this work on attentional focus to *rumination and post-event preoccupation with the provocation*.
 - Help the patient to see that by *continuing to dwell* on the provoking event s/he becomes his/her own enemy and defeats the ability to do something constructive.
 - Anger pre-occupation and rumination can be seen as "mind pollution" that pre-empts the capacity to enjoy life.

"The more you focus on triggers, or parts of the situation that increase anger, the more angry you will become. This is true both during and after the situation. It is not uncommon for people with anger problems to ruminate or stew about an anger event long after it is over. Stewing about an anger situation is not only unproductive, it also maintains and increases your anger. Spending unconstructive time thinking excessively about a person or event that angered you is like "mind-pollution" in that it means you expend precious energy on negative emotions and impairs your ability to focus on more positive and enjoyable aspects of life."

- Elicit patient's reactions to this rumination and post-event preoccupation notion

2. Strive to develop greater flexibility and balance in the patient's appraisal system.

- the patient's antagonistic appraisals of events are highly automatic and stem from unidimensional perceptions of events.
- a. choose 1-2 recent anger provocations and examine them in alternative ways, particularly with regard to the motivations of other people and their behavior.
 - The consideration of alternative views will need to become operative in the actual situation before it will mitigate anger, so this must be applied in the inoculation training.
 - Key themes that are likely to be involved in the anger appraisal system are *justification and needs for personal control*.

"As we've discussed before, there can be numerous ways to view the same situation. Let's try to examine some recent anger events to see if there are alternative ways to interpret and appraise the situation."

3. Link the attentional focus and appraisal elements

- a. help the patient to see that becoming angry and staying angry (by ruminating) involves a loss of control.
 - *It defeats the patient's ability to process information, think clearly, and solve problems with planned action*

D. Discuss Arousal Regulation

1. Discuss the ideas of arousal control, cognitive control, and behavioral coping as an integrated therapeutic approach.
2. Remind the patient of the achievements that s/he has made in arousal regulation (e.g. with regard to intensity, duration, and self-monitoring in general), and link this to progress made in cognitive and behavioral domains.

"So far in this treatment you have worked hard in several areas to learn new skills which, when combined, will dramatically help you manage your anger in a new way. The three main areas where you have been making progress have been 1) arousal regulation (learning to use relaxation strategies to reduce your tension level), 2) cognitive control (learning to appraise situations differently, understanding attentional focus, understanding that your thoughts impact your feelings, using self-instructions, etc.), and 3) behavioral coping (being task-oriented, using preparatory coping, using your new skills to prevent anger arousal, learning and practicing constructive anger expression, etc.). One key to this treatment is understanding that you must use all of these various skills in order to manage your anger differently.

You have accomplished so much in such a short time! I think You have made tremendous progress with... (list the skills that you believe patient has made progress). Of everything you've learned here, which skills do you feel you have mastered thus far? Which ones do you think you still need to focus and practice more in order to be able to use them regularly?"

3. Work to enhance relaxation skills that can be used for situational agitation.
 - a. Identify calming imagery
 - b. Explore the possibility of *substituting emotions incompatible with anger*, such as
 - humor, fondness for loved ones, appreciation of the blessings of one's personal life, appreciation of nature, and so on.

E. Behavioral coping

1. Discuss the *escalation of provocation*.
 - a. Review how anger episodes, particularly those of high intensity, often involve a **sequence** of antagonistic moves, increasing in intensity.
 - negatives lead to more negatives.
 - b. Select an example provocation scenario where escalation has occurred
 - c. Examine alternatives to escalation
 - d. Elicit ideas from the patient about constructive coping during anger episodes

Note to Therapist: It is important to get the patient engaged in generating the behavioral alternatives, as those formulated by the patient will fit with the behavioral context and with his/her resources.

2. Present some behavioral alternatives to escalation. Examples:
 - a. **diplomacy:** expressing neutralizing sentiment, empathically validating the other person's position, and/or seeking a mutually satisfactory solution.
 - b. **strategic withdrawal:** removing oneself from the anger-provoking situation
 - This is imperative when anger intensity is quite high and behavioral options are limited, especially when the other person is entrenched in their own anger and is refractory to conciliatory moves.
 - Withdrawal from the situation is also important when the patient is unlikely to be able to moderate anger intensity and the costs of acting in anger will be severe.
 - Strategic withdrawal is not equivalent to disengagement or avoidance. It is more like a "time out" for a cool-down period until the patient can re-engage constructively at a later time.
 - c. **respectful assertiveness:** enabling the patient to maintain poise and control in the face of disrespectful, obnoxious, or repeatedly rude behavior by others.
 - Verbal communication skills are essential for the assertiveness to be effective.
 - The patient can develop a repertoire of "things to say" in conjunction with the hierarchy situations.
3. Determine the patient's ability across the range of alternatives so that subsequent sessions can address areas of weakness.

Practice Coping

1. Select a low/moderate anger situation and discuss ways to use **respectful assertive** behavior
 - a. model various ways of dealing with the provocation.
 - Therapist can supplement with material on assertiveness, if desired.
 - For angry patients who need to maintain control of intense emotion, emphasize key elements of assertive communication in confrontational situations:
 - Limit communication to objective aspects of the situation and the other person's observable behavior
 - State the consequences that resulted from the other person's behavior (for the patient and/or others)
 - State how the patient wants the situation to be different (e.g., what the provoking person could do to change the situation).
2. Using the same anger situation, conduct a role-play aimed at teaching respectful assertive behavior
 - a. first have the therapist play the role of the patient and the patient play the other person
 - b. at end of role-play, point out the various assertive behavior techniques the therapist implemented
 - c. repeat the role play and switch roles so that the patient plays the patient role and implements some assertive behavior techniques

F. Facilitate Inoculation Training

1. The goal this session will be to complete two successful imaginal inoculation exposures, but if there was insufficient time in the previous session to complete a role-play inoculation exposure, use today's session to complete the role play exposure from the last session.

"Now we're going to do some more of the inoculation work. First, I'm going to guide you through a relaxation exercise. Then, I'm going to take you through the next scene on your hierarchy. Okay?"

2. Verbally review the next hierarchy scene with the patient
 - a. check on the accuracy of the anger level for the scene, as this can change over the course of treatment.
 - b. rehearse cognitive, arousal, and behavioral coping.
3. Rehearse the cognitive, arousal, and behavioral coping strategy for this provocation to help the patient create an image of successful coping for designated hierarchy item.
 - Model an effective coping effort
 - Insure that the patient can visualize enacting the coping, including relevant self-instructions

"OK, we're going to use the next scene from your hierarchy. How would you describe handling this situation in a successful way...how do you wish you could manage this situation? What kind of self-instruction do you think you could use to facilitate managing your emotion in a positive way? How does this relate to all the things we've discussed and your expectations for this situation? What would be some examples of constructive expressions of your anger for this situation?"

4. Induce relaxation and imagining of the tranquil scene, holding the latter for 30 seconds. Try to rely more on deep breathing and imagery, and less on PMR to induce relaxation.

"Let's begin by taking some deep breaths from your diaphragm. Close your eyes and take a minute to settle comfortably into your chair. Focus only on my voice and on your breathing. Remember to breathe in through your nose and then blow the air out through your mouth. (allow 30-60 seconds to breath in silence)

Continue to focus on the cool air coming in as you inhale, and the warm air coming out as you exhale and relax. Try to slow your breathing down, taking a little more time between inhaling and exhaling.

I want you to think of your tranquil scene and spend a couple of minutes picturing that scene again now. Remember the (sights,

sounds, smells, and things to feel – prompt with specifics for each individual patient's scene). Let me know when you can completely place yourself in that scene and feel relaxed."

- Determine that patient is relaxed by your inspection and his/her self-report. Relaxation should now be induced in 5 minutes or less.

5. Once relaxation has been achieved, conduct the imaginal mode inoculation for the selected scene.

- Have the patient imagine the hierarchy scene and seek to apply the cognitive and relaxation skills to this scene in the imaginal mode.
- Encourage the patient to see him/herself coping with the provocation.

"Just continue relaxing like that. Now, I want you to imagine the following scene: (present the scene as described on the card). See it as clearly and as vividly as you can. If you feel at all angry as you imagine it, signal me by raising your index finger."

- If the patient **does not signal anger** for 20 seconds,
 - Instruct patient to
 - "Shut it off" and return to imagining his/her personal tranquil scene
 - Take a deep breath and open his/her eyes (once patient has returned to relaxed state)
 - Praise the patient for successfully managing any aroused anger.
 - Discuss the experience, including the coping efforts that the patient was able to imagine him/herself enacting
 - Discuss the reasons for why s/he did not experience anger.
 - Complete a second presentation to the same hierarchy scene, striving for a 30 second exposure.
 - If the patient did not signal anger on the first round, add an anger-intensifying moderator.
 - Finish with deep breathing and relaxing images

- If the patient **does signal anger**, then instruct him/her somewhat as follows:

"You feel some anger; but now see yourself coping with the situation. See yourself staying composed, relaxing, settling down. Continue to imagine this scene, but see yourself handling it effectively."

- Prompt patient to see him/herself using self-instruction and behavioral coping strategies to see him/herself coping successfully (thinking of situation in productive manner and staying relaxed while managing the situation).
- Instruct the patient hold the imaginal scene (with coping strategies) for 20 seconds
- Instruct the patient to return to the tranquil scene for another 30 seconds of relaxation imagery.
- Once patient has returned to a relaxed state, have him/her take a deep breath and open his/her eyes

- Discuss the experience and the coping efforts that the patient was able to imagine him/herself enacting.
 - a. If the patient reports that the **anger remained salient** and s/he was not able to see her/himself cope successfully, you must re-evaluate the hierarchy position of the scene and its thematic elements.
 - Repeat imaginal exposure to same scene with an anger-lessening moderator.
 - b. If patient was **able to see him/herself coping successfully**, complete a second presentation to the same hierarchy scene, striving for a 30 second exposure.
 - If anger is signaled as rapidly as the first time, calmly suggest that the patient shut off the image and return to the tranquil scene.
 - Help patient utilize relaxation strategies if necessary.
 - Complete two presentations of the hierarchy scene without anger being signaled or with the patient reporting that s/he can see him/herself coping with the provocation.
 - After returning to the tranquil scene, have the patient take a deep breath and discuss the scene to determine its difficult elements.
 - Make adjustments to hierarchy as needed
6. If a role-play inoculation exposure was completed last session, skip to the Homework Section.
7. If a role-play inoculation exposure was not completed last session, conduct a role-play inoculation exposure to same hierarchy scene (assuming it involves behavior of another person).
- ❖ For the role-play inoculation, you can work with hierarchy scene 1, 2, 3, 4, or 5 (limited on the upper end by what was completed in the imaginal mode), selecting the scene that is suitable for practicing interpersonal communication skills that you have been training.
 - Therapist should role-play the provoking person.
 - Therapist should act out the provoking behavior prior to beginning the role-play to insure it is a good portrayal of the situation. When therapist's role play behavior is accurate,
 - Review with patient the coping strategy that was found useful in the imaginal mode exposure and instruct the patient to use it in the role-play exposure.
 - Remind the patient to use self-instructions, particularly those suited for preparing oneself for the anger event.
 - Discuss effectiveness of various coping efforts and take note of beneficial strategies.

G. Assign Homework

1. Continue practicing relaxation
2. Prescribe that the patient try to **minimize rumination** by shifting attentional focus and by

using coping imagery

3. Have patient attend to behaviors and cognitions that escalate anger
4. Patient should also work to implement some of the behavioral strategies as alternatives to escalating anger.
 - "Negatives lead to more negatives" is a useful reminder and self-instruction.

Session 11

The main goals of this session are to focus cognitive restructuring on increasing flexibility in the patient's appraisal system and work intensively on threat-related elements. Also, continue work on behavioral coping and complete inoculation training.

- A. Present agenda for session (5 minutes)
- B. Review Homework (10 minutes)
- C. Facilitate Cognitive Restructuring (20 minutes)
- D. Facilitate Behavioral Coping (15 minutes)
- E. Facilitate Inoculation Training (20 minutes)
- F. Assign Homework (5 minutes)
 - 1. Continue relaxation practice at home.
 - 2. Prescribe that the patient use behavioral skills which diffuse anger
 - 3. Have patient practice time out strategy when appropriate
 - 4. *Remind the patient that treatment will be ending soon*

A. Present Agenda

- Review Homework
- Facilitate Cognitive Restructuring
- Facilitate Behavioral Coping
- Facilitate Inoculation Training
- Assign Homework

B. Review Homework

1. Check on home practice of relaxation
2. Review the anger events of the past week, checking on frequency, intensity, and duration.
 - At this point in treatment, considerable progress should have been made on each of these parameters, although it may be the case that anger intensity remains high on some occasions or that it still may linger with a patient's preoccupation tendencies.
3. Inquire about the patient's degree of success with
 - a. shutting off / decreasing anger rumination
 - b. using behavioral alternatives to anger escalation
 - c. attending to behaviors and cognitions that escalate anger

C. Facilitate Cognitive Restructuring

1. Continue developing greater flexibility and balance in the appraisal system.
 - a. review recent anger episodes and examine:
 1. how the patient is placing exaggerated importance on the situations
 2. their infusion with anger-activating themes, e.g. entitlement and justification

- discuss any presenting themes of the patient's sense of "being offended" or "being owed something" and any self-worth issues
3. their *threat-related elements*.
- At this point in treatment, the patient should be able to deal much more effectively with the painful feeling of vulnerability associated with anger that functions as character armor.

"Let's take a look at some of your recent anger events...why don't you select one that seems important to you. (Review that event.) Often times people get upset by an event that seems important at the time, but later seems less important. When you were in this situation, how important did it feel that you get the outcome you wanted? Why did it seem so important? Now, in retrospect, what do you think about it? Was this situation worth all the distress you let it cause?

Let's also look at your personal triggers for this event. (Review the anger-activating themes such as entitlement, justification, and ways the patient's self-worth was wrapped into this situation.) How were your needs and expectations playing a role to increase your anger? It is important to realize that these factors have little to do with how the other person was actually behaving.

Finally, as we've discussed, anger often stems from feeling hurt or threatened. What other emotions do you think you were feeling in this situation. It can be easier to experience anger than experience hurt, fear, or threat. Let's discuss how you may have been feeling threatened in this situation."

Note to Therapist: It may be difficult to stay focused on the threat theme as the patient may discuss several issues that can steer the conversation in a different direction, e.g.

1. appraisals of unfairness and disrespect, which can pull for the fortifying aspects of anger
2. the utility of anger as an empowering strategy
3. themes of injustice, which can distract the patient from experiencing and discussing feeling vulnerable

- b. reassure the patient that the new coping skills s/he is learning will supply resources that will replace the anger.
2. discuss the concept of control.
- a. explain that anger stems from a need to establish control
 - anger is often used to coerce the world to be the way the patient wants it to be

- b. reiterate that the new coping skills replace a function served by anger (to control)
 - 1. the treatment has involved several aspects of anger control (ways the patient can better control him/herself, not the external world)
 - prevention of anger activation (controlling **frequency**)
 - regulation of anger arousal (controlling **intensity and duration**)
 - execution of coping behavior (controlling **mode of expression**)
 - 2. as personal efficacy for dealing with problem situations is augmented in treatment, the patient will have an increased sense of personal control which will reduce the need for anger.

"As we've talked about before, people often can use their anger as a way to control other people or the outcome of a situation. For example, if you are displeased with the way someone is treating you, you may become angry and act aggressively in an effort to make the other person stop what s/he is doing. Anger can sometimes intimidate others into doing what you want in the short term, but in the long run, using anger to try to control others backfires because it makes people not want to be in relationships with you. Also, the potential negative consequences are high (e.g., jail, etc.). We cannot control the external world and other people. Our goal is to have better control over ourselves.

This anger treatment teaches several new skills which increase your control over how you experience and express your anger. By using the techniques to prevent some of your anger, you gain control over how often you become angry. By practicing the relaxation techniques and being able to regulate your arousal levels, you gain control over the intensity and duration of your anger (how long it lasts). And by using the coping skills of assertiveness, time out strategy and the several others we've discussed, you gain control over the way in which you show your anger. As you continue to make progress in using these skills regularly, your control over yourself will increase such that your need for anger will reduce. Remember, in situations of provocation, unregulated anger reduces your control; it doesn't increase it."

D. Facilitate Behavioral Coping

- 1. Examine ways the patient can manage a situation of repeated provocation (e.g., repetitive or continuous aversive behavior directed towards him/her).
 - discuss how to maintain coping efforts in the face of a continued aversive behavior that seems to justify a strong anger response.
 - a. choose a situation from the hierarchy and magnify it, if needed
 - b. urge the patient to generate the coping strategy, pulling for his/her collaboration
 - c. discuss responses that would *not be effective* ways of coping
 - 1. threats
 - 2. harsh blaming

3. profanity
 4. humiliation or put-downs
 5. patronizing or mocking
 6. rude dismissals
 7. taunting
 8. inviting escalation
 - d. review some potential scenarios with the patient, creating a *montage of what not to do*
 1. discuss the consequences of these poor anger control responses for both the patient and the target.
 - e. discuss effective coping strategies
 - f. formulate two or three positive ways of handling the problem situation such that constructive outcomes are achieved.
2. Discuss ***strategic withdrawal*** as an appropriate coping behavior for these types of situations
- a. encourage patient to use a "time-out" in such situations.
 1. this can be done explicitly by a calling time-out as done in sports or implicitly by quietly leaving
 2. with recurrent conflict with a partner, the time-out can be an agreed-upon procedure that provides a cool-down period during which both parties can regroup to approach the problem more sensibly at an arranged later time.
 - b. discuss what should occur during the time-out interlude.
 1. s/he should first give attention to arousal reduction
 - use deep breathing, relaxation imagery, and calming self-talk
 - take a walk/exercise to get fresh air and remove oneself from the situational anger cues
 - In contrast, going for a drive is a bad strategy because the demands of driving raise physiological arousal (due to the aggressive cues in driving situations) and add to the risk of displaced aggression and unsafe driving.
 2. remind him/her that rumination and preoccupation will fuel anger and be unproductive
 3. once arousal has decreased, urge the patient to get into a task-oriented mode
 - focus on how to achieve a constructive outcome to the situation
 - think through a behavioral strategy that will produce the desired objective
 - anticipate obstacles to the solution
 4. with lowered arousal and a behavioral strategy aimed at obtaining a constructive outcome to the anger situation, attempt to return to the situation to resolve the conflict
 - first insure that other involved person/people are equally prepared to reasonably discuss the conflict
 - implement preparatory coping strategies, self-instructions, and additional behavioral coping strategies
 5. if exaggerated or unregulated anger arises again, use strategic withdrawal (time out) and repeat process

E. Facilitate Inoculation Training

"Now we're going to do some more of the inoculation work we started a couple of weeks ago. First, I'm going to guide you through a relaxation exercise. Then, I'm going to take you through the next scene on your hierarchy again. Is that okay?"

1. The goal this session will be to complete one (not two) successful imaginal inoculation exposure and one role play inoculation exposure.
2. Verbally review the next hierarchy scene with the patient
 - a. check on the accuracy of the anger level for the scene, as this can change over the course of treatment.
 - b. rehearse cognitive, arousal, and behavioral coping.
3. Rehearse the cognitive, arousal, and behavioral coping strategy for this provocation to help the patient create an image of successful coping for designated hierarchy item.
 - Model an effective coping effort
 - Insure that the patient can visualize enacting the coping, including relevant self-instructions

"OK, we're going to use the next scene from your hierarchy. How would you describe handling this situation in a successful way...how do you wish you could manage this situation? What kind of self-instruction do you think you could use to facilitate managing your emotion in a positive way? How does this relate to all the things we've discussed and your expectations for this situation? What would be some examples of constructive expressions of your anger for this situation?"

4. Induce relaxation and imagining of the tranquil scene, holding the latter for 30 seconds. Try to rely more on deep breathing and imagery, and less on PMR to induce relaxation.

"Let's begin by taking some deep breaths from your diaphragm. Close your eyes and take a minute to settle comfortably into your chair. Focus only on my voice and on your breathing. Remember to breathe in through your nose and then blow the air out through your mouth. (allow 30-60 seconds to breath in silence)

Continue to focus on the cool air coming in as you inhale, and the warm air coming out as you exhale and relax. Try to slow your breathing down, taking a little more time between inhaling and exhaling.

I want you to think of your tranquil scene and spend a couple of minutes picturing that scene again now. Remember the (sights, sounds, smells, and things to feel – prompt with specifics for each individual patient's scene). Let me know when you can completely place yourself in that scene and feel relaxed."

- Determine that patient is relaxed by your inspection and his/her self-report. Relaxation should now be induced in 5 minutes or less.

5. Once relaxation has been achieved, conduct the imaginal mode inoculation for the selected scene.

- Have the patient imagine the hierarchy scene and seek to apply the cognitive and relaxation skills to this scene in the imaginal mode.
- Encourage the patient to see him/herself coping with the provocation.

"Just continue relaxing like that. Now, I want you to imagine the following scene: (present the scene as described on the card). See it as clearly and as vividly as you can. If you feel at all angry as you imagine it, signal me by raising your index finger."

- If the patient **does not signal anger** for 20 seconds,
 - Instruct patient to
 - "Shut it off" and return to imagining his/her personal tranquil scene
 - Take a deep breath and open his/her eyes (once patient has returned to relaxed state)
 - Praise the patient for successfully managing any aroused anger.
 - Discuss the experience, including the coping efforts that the patient was able to imagine him/herself enacting
 - Finish with deep breathing and relaxing images

- If the patient **does signal anger**, then instruct him/her somewhat as follows:

"OK, you feel some anger; but now see yourself coping with the situation. See yourself staying composed, relaxing, settling down. Continue to imagine this scene, but see yourself handling it effectively."

- Prompt patient to see him/herself using self-instruction and behavioral coping strategies to see him/herself coping successfully (thinking of situation in productive manner and staying relaxed while managing the situation).
- Instruct the patient hold the imaginal scene (with coping strategies) for 20 seconds
- Instruct the patient to return to the tranquil scene for another 30 seconds of relaxation imagery.
- Once patient has returned to a relaxed state, have him/her take a deep breath and open his/her eyes
- Discuss the experience and the coping efforts that the patient was able to imagine him/herself enacting.
 - a. If the patient reports that the **anger remained salient** and s/he was not able to see her/himself cope successfully, you must re-evaluate the hierarchy position of the scene and its thematic elements.
 - Repeat imaginal exposure to same scene with an anger-lessening moderator.
 - Help patient utilize relaxation strategies if necessary.
 - b. If patient was **able to see him/herself coping successfully**, do the following steps:

- Complete one presentation of the hierarchy scene without anger being signaled or with the patient reporting that s/he can see him/herself coping with the provocation.
 - After returning to the tranquil scene, have the patient take a deep breath and discuss the scene to determine its difficult elements.
 - Make adjustments to hierarchy as needed.
6. Conduct a role-play inoculation exposure to same hierarchy scene (assuming it involves behavior of another person).
- ❖ For the role-play inoculation, you can work with any hierarchy scene that has already been used in imaginal inoculation training, selecting the scene that is suitable for practicing interpersonal communication skills that you have been training. If there are several to choose among, choose the highest hierarchy scene that has been used in imaginal inoculation training thus far.
- Therapist should role-play the provoking person.
 - Therapist should act out the provoking behavior prior to beginning the role-play to insure it is a good portrayal of the situation. When therapist's role play behavior is accurate,
 - Review with patient the coping strategy that was found useful in the imaginal mode exposure and instruct patient to use it in the role-play exposure.
 - Remind patient to use self-instructions, particularly those suited for preparing oneself for the anger event.
 - Discuss effectiveness of various coping efforts and take note of beneficial strategies.

F. Assign Homework

1. Continue practicing relaxation
2. Patient should continue to implement the behavioral strategies as alternatives to escalating anger.
 - a. particularly those pertaining to communications that *defuse* anger through "diplomacy," (e.g.,)
 1. conveying neutralizing sentiment, empathy, or proposing solutions.
3. Prescribe that patient implement and / or practice a time-out if the opportunity presents itself.
4. *Remind the patient that the treatment will be ending soon* (there will only be three more sessions before termination)

Session 12-13

Both these sessions will follow the following format. These sessions are included to allow for catching up as needed and completion of the hierarchy, which essentially defines the conclusion of treatment.

Session 13: Remind the patient that the next session will be the final session of the treatment. Also, schedule the follow-up assessment session.

The goals of these two sessions are to review skills already learned, enhance the patient's self-monitoring ability, and complete as much of the provocation hierarchy as possible. The format of the sessions is roughly the same as each of the preceding sessions, with less specified activities and more repetition of past content.

- A. Set Agenda (2 minutes)
- B. Review Homework (5 minutes)
- C. Facilitate Cognitive Restructuring (15 minutes)
- D. Encourage and facilitate arousal reduction (10 minutes)
- E. Facilitate behavioral coping (15 minutes)
- F. Complete inoculation training (20 minutes)
- G. Assign Homework (5 minutes)

A. Set Agenda

- Review Homework
- Facilitate Cognitive Restructuring
- Facilitate arousal reduction
- Facilitate behavioral coping
- Complete inoculation training
- Assign Homework

Session 13: Remind the patient that the next session will be the final session of the treatment. Quickly discuss and address any termination issues that the patient initiates, though do not allow this discussion to sidetrack the session. Explain that there will be ample time during the next session to address any concerns.

Note the Therapist: The specifics of the agenda will vary somewhat from patient to patient, based on the progress thus far in treatment.

Each section contains a great amount of detail. It is not expected that every detail be discussed during these sessions with each patient. Instead, the details are listed so the therapist may choose to discuss the areas that were "trouble spots" or that need additional conversation with this particular patient.

B. Review Homework

1. Check on home practice of relaxation
2. Review the anger events of the past week, checking on frequency, intensity, and duration.
 - At this point in treatment, considerable progress should have been made on each of these parameters, although it may be the case that anger intensity remains high on some occasions or that it still may linger with a patient's preoccupational tendencies.
3. Inquire about the patient's degree of success with
 - a. implementing each of the skills
 1. using time-out, preparatory coping, constructive anger expression, self-instructions
 2. diffusing anger through communication
 3. minimizing rumination by shifting attentional focus
 4. attending to internal and external signals of anger and explicitly using them as cues to cope constructively.

C. Facilitate Cognitive Restructuring

- Continue working on greater flexibility and balance in the appraisal system.
- Continue working on shifting attentional focus
- Revisit theme of control
- Articulate the idea that these coping skills are replacing a function served by anger, which is to control things.
- Work on setting short- and long-term goals for anger control as well as ways to meet those goals using the ACT skills
- Sharpen patient's self-reflective capacity

Note to Therapist: The patient should have moved from blaming external circumstances for his/her anger to a less anger-engendering posture (decreased perception of suspiciousness, malevolence, and resentment). The therapeutic relationship helps the patient move away from this combat-mode approach, but as this occurs, the patient's anxiety and worry may increase. Consistent support of the patient's efforts at change and calling attention to the progress that has been made during treatment is essential.

D. Arousal Reduction

1. Suggest lifestyle changes that will enhance relaxation above and beyond the specific relaxation strategies practiced throughout this therapy. Some supplemental activities could include:
 - a. physical exertion (i.e., aerobic exercise, yoga, tai chi)
 - b. meditation or self-hypnosis
 - c. aesthetic appreciation (i.e., music, painting, gardening)
- The goal of any activity chosen should be to lower arousal and tension as well as develop an appreciation that mitigates the activation of anger.

E. Review Behavioral Coping

1. Review skills that have been learned, and discuss trouble spots for the patient.
2. Discuss use of coping skills in particularly difficult situations.
3. Continue to work on empathic listening, negotiating, moderated assertiveness, strategic withdrawal, and task-oriented focus.
4. Examine ways the patient can manage a situation of repeated provocation (e.g., repetitive or continuous aversive behavior directed towards him/her).
 - discuss how to maintain coping efforts in the face of a continued aversive behavior that seems to justify a strong anger response.
 - a. choose a situation from the hierarchy and magnify it, if needed
 - b. urge the patient to generate the coping strategy, pulling for his/her collaboration
 - c. discuss responses that would *not be effective* ways of coping
 1. threats
 2. harsh blaming
 3. profanity
 4. humiliation or put-downs
 5. patronizing or mocking
 6. rude dismissals
 7. taunting
 8. inviting escalation
 - d. review some potential scenarios with the patient, creating a *montage of what not to do*
 1. discuss the consequences of these poor anger control responses for both the patient and the target.
 - e. discuss effective coping strategies and the consequences of these effective anger control responses
 1. if time permits, formulate two or three positive ways of handling the problem situation such that constructive outcomes are achieved.

Note to Therapist: Remember, a great deal of what can change behaviorally in the course of treatment pertains to revised values attached to anger and aggression. That is, many patients have always known what the socially appropriate behavior is in a given situation, but they have largely not wanted to do it. Because anger has been an established part of their identity, they are reluctant to surrender it. As they learn to replace the antagonistic behaviors with non-angry, effective coping, they find themselves empowered and are less attached to their old ways of acting.

F. Facilitate Inoculation Training

"Now we're going to do some more of the inoculation work we started a couple of weeks ago. First, I'm going to guide you through a relaxation exercise. Then, I'm going to take you through the next scene on your hierarchy again. Is that okay?"

1. The goal this session will be to complete one (not two) successful imaginal inoculation exposure and one role play inoculation exposure.
2. Verbally review the next hierarchy scene with the patient
 - a. check on the accuracy of the anger level for the scene, as this can change over the course of treatment.
 - b. rehearse cognitive, arousal, and behavioral coping.
3. Rehearse the cognitive, arousal, and behavioral coping strategy for this provocation to help the patient create an image of successful coping for designated hierarchy item.
 - Model an effective coping effort
 - Insure that the patient can visualize enacting the coping, including relevant self-instructions

"OK, we're going to use the next scene from your hierarchy. How would you describe handling this situation in a successful way...how do you wish you could manage this situation? What kind of self-instruction do you think you could use to facilitate managing your emotion in a positive way? How does this relate to all the things we've discussed and your expectations for this situation? What would be some examples of constructive expressions of your anger for this situation?"

4. Induce relaxation and imagining of the tranquil scene, holding the latter for 30 seconds. Try to rely more on deep breathing and imagery, and less on PMR to induce relaxation.

"Let's begin by taking some deep breaths from your diaphragm. Close your eyes and take a minute to settle comfortably into your chair. Focus only on my voice and on your breathing. Remember to breathe in through your nose and then blow the air out through your mouth. (allow 30-60 seconds to breath in silence)

Continue to focus on the cool air coming in as you inhale, and the warm air coming out as you exhale and relax. Try to slow your breathing down, taking a little more time between inhaling and exhaling.

I want you to think of your tranquil scene and spend a couple of minutes picturing that scene again now. Remember the (sights, sounds, smells, and things to feel – prompt with specifics for each individual patient's scene). Let me know when you can completely place yourself in that scene and feel relaxed."

- Determine that patient is relaxed by your inspection and his/her self-report. Relaxation should now be induced in 5 minutes or less.
5. Once relaxation has been achieved, conduct the imaginal mode inoculation for the selected

scene.

- Have the patient imagine the hierarchy scene and seek to apply the cognitive and relaxation skills to this scene in the imaginal mode.
- Encourage the patient to see him/herself coping with the provocation.

"Just continue relaxing like that. Now, I want you to imagine the following scene: (present the scene as described on the card). See it as clearly and as vividly as you can. If you feel at all angry as you imagine it, signal me by raising your index finger."

- If the patient **does not signal anger** for 20 seconds,
 - Instruct patient to
 - "Shut it off" and return to imagining his/her personal tranquil scene
 - Take a deep breath and open his/her eyes (once patient has returned to relaxed state)
 - Praise the patient for successfully managing any aroused anger.
 - Discuss the experience, including the coping efforts that the patient was able to imagine him/herself enacting
 - Finish with deep breathing and relaxing images

- If the patient **does signal anger**, then instruct him/her somewhat as follows:

"OK, you feel some anger; but now see yourself coping with the situation. See yourself staying composed, relaxing, settling down. Continue to imagine this scene, but see yourself handling it effectively."

- Prompt patient to see him/herself using self-instruction and behavioral coping strategies to see him/herself coping successfully (thinking of situation in productive manner and staying relaxed while managing the situation).
- Instruct the patient hold the imaginal scene (with coping strategies) for 20 seconds
- Instruct the patient to return to the tranquil scene for another 30 seconds of relaxation imagery.
- Once patient has returned to a relaxed state, have him/her take a deep breath and open his/her eyes
- Discuss the experience and the coping efforts that the patient was able to imagine him/herself enacting.
 - a. If the patient reports that the **anger remained salient** and s/he was not able to see her/himself cope successfully, you must re-evaluate the hierarchy position of the scene and its thematic elements.
 - Repeat imaginal exposure to same scene with an anger-lessening moderator.
 - Help patient utilize relaxation strategies if necessary.
 - b. If patient was **able to see him/herself coping successfully**, do the following steps:
- Complete one presentation of the hierarchy scene without anger being signaled or with the patient reporting that s/he can see him/herself coping with the provocation.

- After returning to the tranquil scene, have the patient take a deep breath and discuss the scene to determine its difficult elements.
 - Make adjustments to hierarchy as needed.
6. Conduct a role-play inoculation exposure to same hierarchy scene (assuming it involves behavior of another person).
- ❖ For the role-play inoculation, you can work with any hierarchy scene that has already been used in imaginal inoculation training, selecting the scene that is suitable for practicing interpersonal communication skills that you have been training. If there are several to choose among, choose the highest hierarchy scene that has been used in imaginal inoculation training thus far.
- Therapist should role-play the provoking person.
 - Therapist should act out the provoking behavior prior to beginning the role-play to insure it is a good portrayal of the situation. When therapist's role play behavior is accurate,
 - Review with patient the coping strategy that was found useful in the imaginal mode exposure and instruct patient to use it in the role-play exposure.
 - Remind patient to use self-instructions, particularly those suited for preparing oneself for the anger event.
 - Discuss effectiveness of various coping efforts and take note of beneficial strategies.

G. Assign Homework

1. Continue practicing relaxation
2. Patient should continue practicing cognitive restructuring techniques and behavioral coping skills discussed during this session.

Session 14

The goals of the last session are to address any unresolved questions or concerns that the patient has, review skills learned in the treatment, and discuss termination issues.

A Set Agenda (2 minutes)

B. Review Homework and respond to any patient questions or concerns (10 minutes)

C. Review Skills Learned (30 minutes)

D. Discuss Termination (30 minutes)

A. Set Agenda

- Review Homework and respond to any patient questions or concerns
- Review Skills Learned
- Discuss termination

Note to Therapist: Each section contains a great amount of detail to remind the therapist of the many skills that have been included in this treatment. These points should be reviewed to remind the patient of the skills s/he has learned.

B. Review Homework

1. Check on home practice of relaxation
2. Inquire about the patient's degree of success with implementing the cognitive restructuring techniques and behavioral coping skills which were rehearsed between sessions.
3. Respond to any questions or concerns the patient has that have not been adequately explained thus far.

C. Review Skills Learned during the Treatment

1. Cognitive Restructuring

- understanding the connection among thoughts, feelings, and behaviors
- increasing flexibility and balance in the patient's appraisal system
- shifting attentional focus
- theme of control
- coping skills as replacements for a function served by anger (e.g. to control)
- short- and long-term goals for anger control as well as ways to meet those goals using the ACT skills
- self-reflective capacity

Note to Therapist: The patient should have moved from blaming external circumstances for his/her anger to a less anger-engendering posture (decreased perception of suspiciousness, malevolence, and resentment). The therapeutic relationship helps the patient move away from this combat-mode approach, but as this occurs, the patient's anxiety and worry may increase. Consistent support of the patient's efforts at change and calling attention to the progress that has been made during treatment is essential.

2. Arousal Reduction

- relaxation strategies (breathing, PMR, imagery, autogenics)
- lifestyle changes
 - a. physical exertion (i.e., aerobic exercise, yoga, tai chi)
 - b. meditation or self-hypnosis
 - c. aesthetic appreciation (i.e., music, painting, gardening)

3. Behavioral Coping

- empathic listening
- negotiating
- moderated assertiveness
- strategic withdrawal
- task-oriented focus

D. Discuss Termination

1. Review Therapy Program and Patient's Progress

- a. Review progress on major issues
- b. Ask what the patient has learned from treatment
- c. Discuss potential barriers to implementing newly learned strategies in the future and ways the patient can address these obstacles
- d. Discuss his/her future plans
- e. Encourage discussion of feelings about leaving the treatment and/or the therapist
- f. If necessary, arrange referrals

Presentation to the Patient :

"We've been working together for about 14 weeks. Today I'd like to review your progress in the program and discuss what you have learned. I'd also like to take a few minutes to say good-bye. We have spent these weeks working together to help you learn to lower your arousal level, understand your reactions to anger provocations, and better manage and express your anger. I'd like to know how you are feeling now, what you found helpful or not helpful during the therapy, and your plans for the near future."

2. Discuss Follow-Up Assessment

"We appreciate your participation in the program. You have now completed the treatment phase and you are ready to move into the follow-up phase. In the follow-up phase, we will follow you for another three months to monitor your progress. Your attendance at the follow-up session is important because you will provide us with feedback on the helpfulness of the program. This information will be used to develop the best possible treatments for individuals who experience anger and irritability as a significant part of their PTSD symptoms."

3. Termination: Saying Goodbye

a. When you are saying goodbye to the patient, it is important that you find something positive to say to him/her. The following are suggestions:

- "I have enjoyed working with you and wish you much luck in the future."
- "It's evident that you are feeling better and although you were skeptical, it seems that your hard work paid off."
- "You had some difficult weeks there, but you persisted with courage and patience and your efforts paid off for you."
- "You mentioned that you were disappointed that you had not made more progress in the program. I'd like to tell you that it is not unusual for patients to express the same feelings, and then discover that they are able to implement new behaviors as time goes on."
- "It takes time to digest and process what happened to in treatment. You may continue to feel better and make strides with your anger as time goes on, especially if you continue to use the things that you have learned."
- "I want to tell you that you have put a lot of hard work into your treatment and you have made a lot of (some) gains."
- "I know this program was difficult for you to complete. In fact there were a few days (weeks) when you wanted to discontinue with your treatment. But you stuck with the program and made some progress."

4. Discuss the follow-up evaluation and any future treatment plans/needs

- a. Confirm with the patient that the follow-up evaluation is scheduled (to occur three months from now) and remind him/her that the evaluator cannot know what kind of treatment s/he received. Remind him/her that s/he will be paid for this evaluation.
- b. Discuss any future treatment plans/needs

Note to Therapist: Overall, the treatment proceeds through the growing strength of the therapeutic relationship and progressive gains in self-monitoring capacity. The recognition of anger costs and the safe exploration of alternatives to aggressive behavior provide a basis for change. The progressive, hierarchical practice with simulated provocations in imaginal and role play modes provide the patient with an efficacy-enhancing exposure to personally aversive events which gradually lose their capacity to elicit anger as a response.

HANDOUTS/FORMS

THE TENSION METER

RATE YOURSELF ON THE TENSION METER

0%	25%	50%	75%	100%
COMPLETELY RELAXED				COMPLETELY TENSE

CIRCLE THE BODY SIGNALS THAT YOU ARE EXPERIENCING:

SHALLOW OR RAPID BREATHING
RAPID HEARTBEAT
TENSE MUSCLES
SWEATY PALMS OR CLENCHED HANDS
RESTLESSNESS OR TREMBLING
HOT FLASHES OR CHILLS
TENSE STOMACH
CHEST TENSION

RELAXED BREATHING
SLOW HEARTBEAT
RELAXED MUSCLES
RELAXED HANDS
CALM AND RELAXED
NO HOT FLASHES OR CHILLS
RELAXED STOMACH
CHEST RELAXED

FOLD AT THE DOTTED LINE

RATE YOURSELF ON THE TENSION METER

0%	25%	50%	75%	100%
COMPLETELY RELAXED				COMPLETELY TENSE

CIRCLE THE BODY SIGNALS THAT YOU ARE EXPERIENCING:

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TENSE STOMACH
CHEST TENSION

RELAXED BREATHING
SLOW HEARTBEAT
RELAXED MUSCLES
RELAXED HANDS
CALM AND RELAXED
NO HOT FLASHES OR CHILLS
RELAXED STOMACH
CHEST RELAXED

WAYS OF DEALING WITH FEELING TENSE/UPTIGHT

Introduction

Everyone feels tense or uptight from time to time. These feelings are natural and are part of being human. They are only a problem if they happen too often, go on for too long, or are too strong. One way of making sure this doesn't happen is to relax and calm ourselves down from time to time.

As we discussed, for some people, listening to their favorite music can make them feel better, calmer, or more relaxed. Can you think of some other ways of relaxing and handling feeling tense or uptight? Write your ideas below. We will discuss them at our next session.

Ways of dealing with feeling tense/uptight

1. Listening to favorite music.

2.

3.

4.

5.

6.

7.

8.

9.

10.

ANGER, STRESS, AND COPING WITH PROVOCATION

Among the many feelings that we experience, anger is one of the most complex and confusing. Anger is a powerful emotion – it gets people to pay attention and it can mobilize us to deal with problem situations. When something unjust or unfair has been done to you, becoming angry can fortify your self-esteem. On the other hand, anger can be disruptive and destructive to personal relationships and to personal health. Because anger can have harmful effects, we must learn how to manage this emotion and the thoughts and behaviors connected with it.

At some point in your life, someone probably told you to control your anger. You may have wondered, when you were given this advice, how you were supposed to do that. One age-old suggestion is to hold your breath and count to ten. But this can be a little bit like putting a lid on a pot of boiling water. It builds-up a lot of steam. It makes much more sense to turn the heat down or to take the pot off the fire.

Anger management does not mean suppressing your anger, keeping a tight lid on it. Nor does it mean denying that you are angry, pretending that you are not angry, or avoiding the problem situation that has triggered your anger. What it does mean is knowing how to prevent and regulate anger. It means learning how to not get angry in the first place and how to keep anger at moderate levels of intensity when it is aroused. Most importantly, it means knowing how to take constructive action to resolve problems and conflicts.

In order to control and regulate anger, you must first understand it. The more that you know about your own anger, the easier it will be to control it. This manual is designed to teach you some important things about anger, to help you understand your personal anger patterns, and to present a number of effective strategies or coping skills for dealing with anger problems. No matter how troublesome your problems with anger have been, you can learn how to “defuse” anger reactions and thereby improve your health, your job performance, and your personal relationships.

What is Anger?

Anger is a feeling or emotion. It is different from aggression, which is an action that is intended to cause injury, harm, or damage. Being angry is not the same as being aggressive or violent. Anger can lead to aggression, but feelings are different from actions. When you become angry, you lose your patience, jack-up your blood pressure and want to act on impulse. Sometimes you will say or do things that you later regret. But becoming angry can also give you strength, determination, and even satisfaction. It can keep you going when things get tough. Therefore, anger can have good as well as bad effects. In learning how to regulate anger, you must learn how to learn to attend to anger’s negative effects or “costs”. To understand this, there are some useful things to know about the functions of anger – that is, the ways in which it affects our behavior.

Positive Functions of Anger

- Anger is an energizer. It can give us strength and determination, mobilizing the body's resources for self-defense and providing stamina for dealing with difficult circumstances. It can help us deal with conflict by providing fuel for the fight.
- Anger is a signal or cue. It tells us something about us, other people, and situations. It can be a sign that something unjust, abusive, or threatening is happening. In this sense, it can serve as a cue that it is time to use stress coping skills.
- Anger can also be a way to express tension and to communicate negative feelings to others. Sometimes things stay bottled-up until we get angry. The constructive expression of anger is an important way to resolve conflict, especially in one's personal relationships.
- The arousal of anger also potentiates a feeling of control. It can create a sense of being in charge of a situation. Anger can help us feel like we are taking control of a problem, however, this does not necessarily mean that we are doing something to solve the problem.

Negative Functions of Anger

- Anger can have a disruptive effect on our thoughts and behavior. It interferes with our ability to think clearly and inclines us to act on impulse without good judgment. If you do something because you are angry, it is often something that you later regret.
- Sometimes, anger is used like a defensive barrier. When we get hurt or embarrassed, we can get angry as a way to protect our pride. Anger is an externalizing force- - it says, "There's nothing wrong with me; the problem is you, not me." We sometimes get angry to keep from feeling hurt.
- There is a connection between anger and aggression. Anger can instigate or lead to aggression. When we become angry, the emotional force can drive us to act out our feelings, as if to discharge or release them. We can get angry and then try to take it out on someone or something.
- Becoming angry is sometimes a way to promote an impression or image of ourselves to others. It can be a kind of social role. At times, we show our anger because we want others to see us in a certain way. Demonstrating anger can become a way of building a social identity or reputation.

You can see that anger has many effects on how we think and how we act. It is very important to remember the difference between anger and aggression. Anger is a feeling to which you are usually entitled. Aggression is an action that causes harm. Being upset is one thing; hurting someone is a different matter. Anger need not result in aggression or doing harm to someone. When you learn how to express anger constructively, it can lead to positive, beneficial outcomes.

On the other hand, anger can be a disturbing force. It is physically upsetting, as it involves a strong physiological arousal – therefore, when it is prolonged or is too frequent, can have detrimental effects on your health. Because of this strong physiological arousal, anger interferes with your ability to think clearly and to deal with difficult challenges. In many situations, anger not only is unproductive, it can be your worst enemy. Anger often amounts to a self-imposed handicap.

Because anger does have some positive aspects, you might not always recognize when it has become a problem for you. However, there are several characteristics of anger reactions that are indicative of anger becoming a problem. These aspects of anger are its frequency, intensity, duration, and form of expression, as explained below.

When is Anger a Problem?

- When it is too frequent. Some things would make anybody angry, but when routine situations and minor things are making you angry, it's probably happening too often. Sometimes it is very understandable that you get angry. For example, if someone were to steal or damage something that you worked hard to get or if someone were to abuse or mistreat a person whom you loved, anger is normal and appropriate. However, there are many times when you get angry when it is not necessary, appropriate, or useful – for example, when things don't go exactly as you'd like or when you jump to conclusions about another person.

You must start to distinguish those times when it is all right to be angry from those times when getting angry serves no purpose. If you are getting angry several times each day, you probably are becoming angry too much. You can learn how to reduce the frequency of your anger reactions by changing how you think about upsetting things and the way you act in response to them. Anger feeds off of thoughts and behaviors.

- When it is too intense. Anger is something that occurs at different levels of intensity, from low to medium to high. A small or moderate amount of anger can be channeled constructively, but high intensity anger is almost never useful. When you get really mad or “lose your temper,” you say or do things that you regret later. High levels of anger not only lead you to act on impulse, they prevent you from thinking clearly. Intense anger does not permit you to carefully evaluate alternatives and to act wisely.

High levels of anger also put your body under stress. During anger, your blood pressure rises, the heart beats faster, blood sugar increases, and muscles become tense. Anger mobilizes the body; but when this mobilization serves no physical purpose, it causes unnecessary wear and tear on the system. This is especially true if anger occurs frequently and at high intensity.

- When it lasts too long. The duration of anger can also be a problem. When you make too much of something and relive it over and over in your mind, anger interferes with your work and with your enjoyment of life. It also then becomes easier to get angry all over again when something else goes wrong.

When your anger is prolonged, your body's systems are prevented from returning to normal levels, thus continuing to cause wear and tear. The main way that anger is prolonged is that you remind yourself about the things that upset you. By continuing to dwell on negative experiences, repeating them in your mind, you remain aggravated. Your memories, your attention, and the things that you say to yourself have a lot to do with how long you stay angry, once you do get angry.

- When it leads to aggression. As you well know, aggressive behavior can get you in trouble, in addition to hurting someone else. If it is not a true survival situation, aggressive behavior is very problematic. When you feel abused or treated unfairly, you might want to lash out at the person who offended you. Anger, particularly when it is intense, pulls for an aggressive response. Your muscles become tense, the volume of your voice becomes louder, and you do things like clench your fists and stare sharply. During these moments there is a tendency to act on impulse. That is, you might pop-off before you think of the consequences to others and to yourself.

Anger is different from aggression, and wanting to clobber somebody and actually doing it are also different things. But it may be that aggression has become almost automatic. You might jump all over someone who has offended you, because it is the main way that you know how to act. However, verbal aggression (like calling someone nasty names) and physical aggression (like punching, smacking or pushing) are not good ways to deal with conflict. They are ineffective in solving problems, they hurt other people, and they are likely to backfire on you.

Summary: Problem Characteristics of Anger

Anger is a problem when it is too frequent, when it is too intense, when it lasts too long, and when it leads to aggression. These aspects of anger are problematic because of the harmful effects that they have. To put this another way, your anger reactions can be costly. Anger has functions, but it also has costs.

When anger interferes with doing a good job or makes it hard for people to relate to us, then it starts to have a high cost. It can prevent you from concentrating on your work, cause you to make mistakes, and keep you from being satisfied with your job. Anger pushes people away and makes it difficult for them to like you. Anger is the opposite of appreciation. When it is repeatedly directed at your family and friends, it not only hurts those you love, it reduces their interest in being supportive of you.

In addition to these costs to your personal relationships and to your work performance, anger has harmful effects on your health. Because it involves the activation of many physical arousal systems, anger causes strain on your body. Many scientific studies have found that recurrent anger contributes to a number of serious physical illnesses, including heart disease and hypertension.

Goals of Anger Control

At this point you might be wondering if learning how to control your anger means that the aim of this program is to make you into a wimp, a softee, or a pushover. There is nothing further from the truth. The approach to anger control described in this manual is aimed at making you more effective, not less effective. This will become increasingly clear to you, as you work with your therapist or counselor.

Don't confuse anger with getting things done. Anger is often misused as a way to solve problems. Some people seem to think that if they shout loud enough, then other people will do what they want. Anger is an easy way to assert one's will, trying to take charge of a situation. This might produce compliance, but it does not produce real cooperation or problem-solving. And getting demonstrably angry rarely sets a good example of how to address a problem or obstacle. Dealing effectively with difficult situations requires composure. The more complex or consequential the problem is, the more composure is needed. Even in the face of a physical threat to your survival or those whom you love, anger must be regulated to respond with maximum effectiveness.

Anger control or anger management does not mean bottling up anger with a tight lid; it does not mean making believe nothing is bothering you; not does it mean being anybody's patsy or punching bag. What it does mean is several important things:

- Recognizing the costs of getting angry
- Keeping anger at moderate levels of intensity when it does occur
- Expressing anger constructively, especially when directed at other people
- Using effective problem-solving strategies to change problem situations

You can be composed, direct, and firm without your anger being out of control. This will enable you to be better at dealing with situations that cause or provoke anger. Having the ability to control your anger means that you will be more effective.

Anger tells us a lot about ourselves. It means that we don't like being told what to do, we don't like getting pushed around, we don't like inconsiderate or abusive people, and we don't like being ignored, taken advantage of, being shortchanged, or being treated like we are stupid. It also means that sometimes we'd like to haul-off and clobber somebody.

When your anger gets out of control you can either make matters worse or do things that you later regret. When anger is too high, you tend to act before you think. Your own behavior then aggravates the situation. Anger is different from aggression, but anger easily turns into aggression. If you over-react with antagonism, that very antagonism inflames your anger. This is sometimes the result of simply not knowing how to settle a dispute or how to go about saying what you want to say.

On the other hand, if you back off from a conflict because you are afraid of what you will do, the provoking circumstances remain. Perhaps you might be worried that the intense feelings will be too much to handle if you hang in there and confront the problem. If so, remember that

anger is different from aggression. There are ways to square-off with someone upsetting you without losing control. This does take practice.

If you do become angry, you must keep the arousal level as low as you can and use that arousal to be respectfully assertive. Through guided practice on particular situations that do trigger anger for you, gradually you will learn what to do in a high conflict situation and how to do it, even when things don't go as planned.

The key to the efficient expression of anger is learning how to be task-oriented. This means taking a problem-solving approach to provocation. When you get angry it is because something is not what you would like it to be. Being task-oriented means directing your behavior to correct a situation or to get what you want out of that situation. It means taking action that is aimed at resolving the problem at hand. Thus, being task-oriented is both a behavioral skill and a cognitive skill.

Recall what was said earlier about being task-oriented as a cognitive skill: it involves knowing what has to be done and keeping your mind on that objective, thinking about nothing else. Behaviorally, you must then do the things that will accomplish the objective. But, be mindful to take it one step at a time. Some problems cannot be resolved in the immediate situation. Sometimes the wisest thing to do is to arrange to discuss the problem at a later time when tempers cool down and when each person is feeling less urgent and is less emotionally upset.

Taking action to correct a problem need not involve confrontations. This is the art of diplomacy and is a matter of strategy. First, if you remember what was said about putting yourself in the other person's shoes, engaging in confrontation may be inappropriate, because it shows no regard for the other person's needs and responsibilities. Diplomacy, in contrast, involves mutual respect. Therefore you should consider problem-solving alternatives that recognize the other person's worth. Secondly, there is no good reason to butt your head into a wall, if you can get around the barrier.

Anger is a self-imposed handicap in a problem situation. What you want are lasting results. Sometimes raising your voice or flexing your muscles can get results. But don't confuse momentary effects with outcomes bearing on complex or long-term problems. To get lasting results you have to stick to the issues in a reasoned but determined way. Be smart, be patient, and be determined.

To a large extent, the management of anger involves skills in communication. Being able to communicate angry feelings in an effective, non-hostile form is a central skill in anger management. If you can learn to respectfully tell someone that you feel angry, tell them what has made you angry, and tell them how you'd like them to act differently, this has several important effects. It helps control the build-up anger, it prevents an aggressive over-reaction, and it provides a basis for changing the situation that has caused the anger. Conflict situations are not settled by hostility. They can only be settled by clear communication of feelings that provides the other person with a reasonable basis for constructive change.

It is very important to bear in mind that sometimes the wrong people bear the brunt of our anger. When things do not go well at work, family members often catch the flak. Anger that is meant for one person sometimes ends up being directed at someone else. When this happens,

our relationships suffer and that takes its toll on us. Clearly then, we have to learn how to express anger at the right time, with the right person, and in the right way. But in addition, you must realize that supportive social relationships are helpful in many ways for dealing with anger.

When something has really gotten to you, it is important to have a trusted friend who is able to listen, to be supportive, and to help you get a better perspective on the problem. Sometimes you just need someone to sit there while you let off steam. This, of course, may not solve very much, although at time you might then realize that you had become more upset than it was worth and maybe even have a laugh. But friends and loved ones who are not entangled in a conflict that is upsetting to you can provide helpful suggestions about how to deal with certain people or to facilitate the steps to take in dealing with the situation. Above all else, supportive relationships give you the sense that you are cared for and respected. They help foster that positive frame of mind that is essential to preventing and erasing anger.

In Conclusion

Anger is a turbulent emotion that is part of being human. Like most other parts of human nature, anger has functions, and it affects our behavior in many different ways. Some of the ways that anger affects behavior are advantageous, but it can also have harmful effects on our health, work performance, and personal relationships. Thus, recurrent anger typically has costs, especially when it occurs with strong intensity, when it is prolonged, and when it gets expressed as aggressive behavior. Recognizing the costs of your anger patterns is an important step in seeking anger control.

Because anger can be a product of a high-stress lifestyle, longstanding personal hardships, or traumatic experience, making significant gains in dealing with chronic anger problems will typically require the expertise of a therapist or counselor. However, you can learn to control or manage anger by making changes in cognitive, arousal, and behavior systems. By adjusting how you think about provoking circumstances, regulating your level of arousal and tension, and developing behavioral coping skills for dealing with conflict, anger reactions can be minimized and calmed.

This instructional manual has presented some of the key ideas of anger control that have been used by clinical professionals to help people with serious anger difficulties. It is intended to be only a brief introduction. It is offered in the spirit of believing that gaining knowledge about anger creates the capacity to regulate it.

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THERAPIST REPORT ON TREATMENT SESSION (to be completed at the end of each session)

Patient ID: _____ **Session #** _____

Date of Session: _____

Therapist Name _____

Objective(s) of session:

Therapist Report on Patient's Response to Session:

Other Comments/Concerns (medication changes, etc.)

THE TENSION METER

RATE YOURSELF ON THE TENSION METER

0%	25%	50%	75%	100%
COMPLETELY RELAXED				COMPLETELY TENSE

CIRCLE THE BODY SIGNALS THAT YOU ARE EXPERIENCING:

SHALLOW OR RAPID BREATHING
RAPID HEARTBEAT
TENSE MUSCLES
SWEATY PALMS OR CLENCHED HANDS
RESTLESSNESS OR TREMBLING
HOT FLASHES OR CHILLS
TENSE STOMACH
CHEST TENSION

RELAXED BREATHING
SLOW HEARTBEAT
RELAXED MUSCLES
RELAXED HANDS
CALM AND RELAXED
NO HOT FLASHES OR CHILLS
RELAXED STOMACH
CHEST RELAXED

FOLD AT THE DOTTED LINE

RATE YOURSELF ON THE TENSION METER

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COMPLETELY RELAXED				COMPLETELY TENSE

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RESTLESSNESS OR TREMBLING
HOT FLASHES OR CHILLS
TENSE STOMACH
CHEST TENSION

RELAXED BREATHING
SLOW HEARTBEAT
RELAXED MUSCLES
RELAXED HANDS
CALM AND RELAXED
NO HOT FLASHES OR CHILLS
RELAXED STOMACH
CHEST RELAXED

Handout 2.2: Effects of Traumatic Experiences

A National Center for PTSD Fact Sheet

by Eve B. Carlson, Ph.D. and Josef Ruzek, Ph.D.

When people find themselves suddenly in danger, sometimes they are overcome with feelings of fear, helplessness, or horror. These events are called traumatic experiences. Some common traumatic experiences include being physically attacked, being in a serious accident, being in combat, being sexually assaulted, and being in a fire or a disaster like a hurricane or a tornado. After traumatic experiences, people may have problems that they didn't have before the event. If these problems are severe and the survivor does not get help for them, they can begin to cause problems in the survivor's family. This fact sheet explains how traumas can affect those who experience them. This fact sheet also describes family members' reactions to the traumatic event and to the trauma survivor's symptoms and behaviors. Finally, suggestions are made about what a survivor and his or her family can do to get help for PTSD.

How do traumatic experiences affect people?

People who go through traumatic experiences often have symptoms and problems afterward. How serious the symptoms and problems are depends on many things including a person's life experiences before the trauma, a person's own natural ability to cope with stress, how serious the trauma was, and what kind of help and support a person gets from family, friends, and professionals immediately following the trauma.

Because most trauma survivors are not familiar with how trauma affects people, they often have trouble understanding what is happening to them. They may think the trauma is their fault, that they are going crazy, or that there is something wrong with them because other people who experienced the trauma don't appear to have the same problems. Survivors may turn to drugs or alcohol to make themselves feel better. They may turn away from friends and family who don't seem to understand. They may not know what to do to get better.

What do trauma survivors need to know?

- Traumas happen to many competent, healthy, strong, good people. No one can completely protect him- or herself from traumatic experiences.
- Many people have long-lasting problems following exposure to trauma. Up to 8% of individuals will have PTSD at some time in their lives.
- People who react to traumas are not going crazy. They are experiencing symptoms and problems that are connected with having been in a traumatic situation.
- Having symptoms after a traumatic event is not a sign of personal weakness. Many psychologically well-adjusted and physically healthy people develop PTSD. Probably everyone would develop PTSD if they were exposed to a severe enough trauma.
- When a person understands trauma symptoms better, he or she can become less fearful of them and better able to manage them.

- By recognizing the effects of trauma and knowing more about symptoms, a person is better able to decide about getting treatment.

What are the common effects of trauma?

During a trauma, survivors often become overwhelmed with fear. Soon after the traumatic experience, they may re-experience the trauma mentally and physically. Because this can be uncomfortable and sometimes painful, survivors tend to avoid reminders of the trauma. These symptoms create a problem that is called posttraumatic stress disorder (PTSD). PTSD is a specific set of problems resulting from a traumatic experience and is recognized by medical and mental-health professionals.

Re-experiencing Symptoms:

Trauma survivors commonly re-experience their traumas. This means that the survivor experiences again the same mental, emotional, and physical experiences that occurred during or just after the trauma. These include thinking about the trauma, seeing images of the event, feeling agitated, and having physical sensations like those that occurred during the trauma. Trauma survivors find themselves feeling as if they are in danger, experiencing panic sensations, wanting to escape, getting angry, and thinking about attacking or harming someone else. Because they are anxious and physically agitated, they may have trouble sleeping and concentrating. The survivor usually can't control these symptoms or stop them from happening. Mentally re-experiencing the trauma can include:

- Upsetting memories such as images or thoughts about the trauma
- Feeling as if the trauma is happening again (flashbacks)
- Bad dreams and nightmares
- Getting upset when reminded about the trauma (by something the person sees, hears, feels, smells, or tastes)
- Anxiety or fear, feeling in danger again
- Anger or aggressive feelings and feeling the need to defend oneself
- Trouble controlling emotions because reminders lead to sudden anxiety, anger, or upset
- Trouble concentrating or thinking clearly

People also can have **physical** reactions to trauma reminders such as:

- Trouble falling or staying asleep
- Feeling agitated and constantly on the lookout for danger
- Getting very startled by loud noises or something or someone coming up on you from behind when you don't expect it
- Feeling shaky and sweaty

- Having your heart pound or having trouble breathing

Because trauma survivors have these upsetting feelings when they feel stress or are reminded of their trauma, they often act as if they are in danger again. They might get overly concerned about staying safe in situations that are not truly dangerous. For example, a person living in a safe neighborhood might still feel that he has to have an alarm system, double locks on the door, a locked fence, and a guard dog. Because traumatized people often feel like they are in danger even when they are not, they may be overly aggressive and lash out to protect themselves when there is no need. For example, a person who was attacked might be quick to yell at or hit someone who seems to be threatening.

Re-experiencing symptoms are a sign that the body and mind are actively struggling to cope with the traumatic experience. These symptoms are automatic, learned responses to trauma reminders. The trauma has become associated with many things so that when the person experiences these things, he or she is reminded of the trauma and feels that he or she is in danger again. It is also possible that re-experiencing symptoms are actually a part of the mind's attempt to make sense of what has happened.

Avoidance Symptoms:

Because thinking about the trauma and feeling as if you are in danger is upsetting, people who have been through traumas often try to avoid reminders of the trauma. Sometimes survivors are aware that they are avoiding reminders, but other times survivors do not realize that their behavior is motivated by the need to avoid reminders of the trauma.

Ways of avoiding thoughts, feelings, and sensations associated with the trauma can include:

- Actively avoiding trauma-related thoughts and memories
- Avoiding conversations and staying away from places, activities, or people that might remind you of the trauma
- Trouble remembering important parts of what happened during the trauma
- Shutting down emotionally or feeling emotionally numb
- Trouble having loving feelings or feeling any strong emotions
- Finding that things around you seem strange or unreal
- Feeling strange
- Feeling disconnected from the world around you and things that happen to you
- Avoiding situations that might make you have a strong emotional reaction
- Feeling weird physical sensations
- Feeling physically numb
- Not feeling pain or other sensations

- Losing interest in things you used to enjoy doing

Trying to avoid thinking about the trauma and avoiding treatment for trauma-related problems may keep a person from feeling upset in the short term, but avoiding treatment means that in the long term, trauma symptoms will persist.

What are common secondary and associated posttraumatic symptoms?

Secondary symptoms are problems that arise because of the posttraumatic re-experiencing and avoidance symptoms. For example, because a person wants to avoid talking about a traumatic event, she might cut off from friends, which would eventually cause her to feel lonely and depressed. As time passes after a traumatic experience, more secondary symptoms may develop. Over time, secondary symptoms can become more troubling and disabling than the original re-experiencing and avoidance symptoms.

Associated symptoms don't come directly from being overwhelmed with fear; they occur because of other things that were going on at the time of the trauma. For example, a person who is psychologically traumatized in a car accident might also be physically injured and then get depressed because he can't work or leave the house.

All of these problems can be secondary or associated trauma symptoms:

Depression can develop when a person has losses connected with the trauma or when a person avoids other people and becomes isolated.

Despair and hopelessness can result when a person is afraid that he or she will never feel better again.

Survivors may lose **important beliefs** when a traumatic event makes them lose faith that the world is a good and safe place.

Aggressive behavior toward oneself or others can result from frustration over the inability to control PTSD symptoms (feeling that PTSD symptoms run your life). People may also become aggressive when other things that happened at the time of trauma make the person angry (the unfairness of the situation). Some people are aggressive because they grew up with people who lashed out and they were never taught other ways to cope with angry feelings. Because angry feelings may keep others at a distance, they may stop a person from having positive connections and getting help. Anger and aggression can cause job problems, marital and relationship problems, and loss of friendships.

Self-blame, guilt, and shame can arise when PTSD symptoms make it hard to fulfill current responsibilities. They can also occur when people fall into the common trap of second-guessing what they did or didn't do at the time of a trauma. Many people, in trying to make sense of their experience, blame themselves. This is usually completely unwarranted and fails to hold accountable those who may have actually been responsible for the event. Self-blame causes a lot of distress and can prevent a person from reaching out for help. Sometimes society also blames the victim of a trauma. Unfortunately, this may reinforce the survivor's hesitation to seek help.

People who have experienced traumas may have **problems in relationships with others** because they often have a hard time feeling close to people or trusting people. This is especially likely to happen when the trauma was caused or worsened by other people (as opposed to an accident or natural disaster).

Trauma survivors may **feel detached or disconnected from others** because they have difficulty feeling or expressing positive feelings. After traumas, people can become overwhelmed by their problems or become numb and stop putting energy into their relationships with friends and family.

Survivors may get into **arguments and fights with other people** because of the angry or aggressive feelings that are common after a trauma. Also, a person's constant avoidance of social situations (such as family gatherings) may create hurt feelings or animosity in the survivor's relationships.

Less interest or participation in things the person used to like to do may result from depression following a trauma. When a person spends less time doing fun things and being with people, he or she has fewer chances to feel good and have pleasant interactions.

Social isolation can happen because of social withdrawal and a lack of trust in others. This often leads to the loss of support, friendships, and intimacy, and it increases fears and worries.

Survivors may have **problems with identity** when PTSD symptoms change important aspects of a person's life such as relationships or whether the person can do his or her work well. A person may also question his or her identity because of the way he or she acted during a trauma. For instance, a person who thinks of himself as unselfish might think he acted selfishly by saving himself during a disaster. This might make him question whether he really is who he thought he was.

Feeling permanently damaged can result when trauma symptoms don't go away and a person doesn't believe they will get better.

Survivors may develop **problems with self-esteem** because PTSD symptoms make it hard for a person to feel good about him- or herself. Sometimes, because of how they behaved at the time of the trauma, survivors feel that they are bad, worthless, stupid, incompetent, evil, etc.

Physical health symptoms and problems can happen because of long periods of physical agitation or arousal from anxiety. Trauma survivors may also avoid medical care because it reminds them of their trauma and causes anxiety, and this may lead to poorer health. For example, a rape survivor may not visit a gynecologist and an injured motor vehicle accident survivor may avoid doctors because they remind him or her that a trauma occurred. Habits used to cope with posttraumatic stress, like alcohol use, can also cause health problems. In addition, other things that happened at the time of the trauma may cause health problems (for example, an injury).

Survivors may turn to **alcohol and drug abuse** when they want to avoid the bad feelings that come with PTSD symptoms. Many people use alcohol and drugs as a way to try to cope with upsetting trauma symptoms, but it actually leads to more problems.

Remember:

Although individuals with PTSD may feel overwhelmed by their symptoms, it is important for them to remember that there are other, positive aspects of their lives. There are helpful mental-health and medical resources available, and survivors have their strengths, interests, commitments, relationships with others, past experiences that were not traumatic, desires, and hopes for the future.

Arousal, Agitation, and Mood

Bodily states of arousal and activation have a major role in anger. The saying that our “blood boils” when we become angry is not far from wrong, because increases in blood pressure are definitely associated with anger. In addition to elevations in blood pressure, the heart beats faster, muscles become more tense, breathing is more rapid, blood sugar increases and a variety of other biochemical changes take place in the body. There is no better metaphor for anger than hot fluid in a container.

However, these changes inside the body during anger are only part of the story of how anger and physiological arousal are connected. The other part is that when your body is already aroused or activated because you are under pressure or stress, then you can become angry more quickly. This is especially true when pressures in one area of your life carry over into another area, as when work pressures spill over to home life.

One way to understand this is in terms of tension and its build-up. The arousal of anger is often a product of accumulated tension. When we feel strung-out, we are more easily provoked. Tension and agitation are the companions of anger. Tense muscles, headaches, and tightness in the chest reduce our tolerance for provocation. When our tension level is high, it takes something less serious to set us off. We suddenly treat a minor annoyance as though it were a catastrophe. Annoyances become aggravations. As the aggravation builds it also robs us of strength that is spent needlessly in making so much out of things that are of little consequence.

Work pressures, noise, and even things like traffic congestion in automobile driving will affect your level of arousal. Also, drinking coffee or other caffeine beverages increases physiological arousal. It's not uncommon to find someone who drinks many cups of coffee every day being puzzled about why he or she is often on edge or annoyed. Instead of having a heart rate in the range of 70-75 beats per minute, persons who are heavy consumers of these common stimulants and do not exercise regularly might have a heart rate of 90-100 beats per minute. To effectively deal with anger, you must learn to reduce your exposure to things that elevate your general level of arousal, whether that be work pressure, traffic congestion, chemical stimulants, or obnoxious people. Reducing such exposure, where possible, can then be combined with techniques like deep-muscle relaxation training and other arousal reduction methods to get an overall effect. Relaxation induction is an important antidote for counteracting the effects of tension on anger.

Being tense or agitated colors our entire disposition towards life, work, and people. Being moody, cross, or sour reflects a crabby disposition that primes us for anger. This often comes from taking things, and ourselves, too seriously. When we lose our ability to take some distance from life's nuisances, everything becomes more important than it need be. Someone who is characteristically tense and irritable is usually someone who has lost his or her sense of perspective. Often, when people “try harder” in doing something, such as an athletic skill, they become tense, and this usually detracts from their performance. Being tense breeds errors and more tension.

A good indicator of taking things too seriously is losing your sense of humor. A sense of humor not only means being able to recognize a good joke and to laugh at it, but also that we are

able to laugh at ourselves – not in mockery, but in appreciation of the less serious aspects of our behavior. Being able to roll with the punches, rather than stand rigidly in the face of adversity, comes from a keen ability to tell the less serious from the more serious. “Go with the flow” is a basic jujitsu principle.

Arousal and Tension Reduction

You can’t be angry and relaxed at the same time. Anger is linked with tension. Because anger mobilizes the body’s resources, it gets you into high gear. That means your heart beats faster, you breathe quicker, your blood pressure goes up, and your muscles get tight. What it also means is that the more tense you are ordinarily, the easier it is to get angry. When you are up-tight, little things seem like big things.

Your therapist or counselor will introduce you to what is known as deep-muscle relaxation and deep-breathing. These are techniques that will enable you to lower your level of tension. You will be shown ways of relaxing mentally as well as physically. Once learned, these procedures can be used at various times throughout the day and have very definite effects lowering your blood pressure and heart rate.

There are two purposes to the relaxation part of the treatment. The first is to reduce your overall tension level so that your mental and physical energy is not spent needlessly. The second, and most important, is that you learn that you are able to control how you feel. When you have had a rough day, the relaxation techniques can help settle your nerves – it’s like inducing a light sleep that restores your energy and balance. Also, knowing how to take a deep breath and use calming self-statements can be an effective way to cope with a provocation.

The many pressures of life create stress on the body’s systems. When the stress is high enough, our internal systems become disordered. Learning techniques of relaxation helps to bring the body back to a state of harmony. When there is no harmony within, we can hardly expect our relationships with others to be harmonious. Relaxation is the achievement of inner peace. As you learn how to relax and that you are able to relax, you acquire a fundamental way of controlling anger.

Regulating your level of arousal and tension can best be achieved if you establish a program of activity that is designed to meet that goal. This might involve routine use of the relaxation techniques, meditation, or aerobic exercise. It could also simply be taking a period of an hour to enjoy something like music, art, or photography. Ideally, you should put together some combination of these tension reduction activities and monitor the effects that result on your arousal and mood.

Just as relaxation and anger are incompatible, so too with humor. Real laughter is a release. It is a look at the lighter side of things. Anger comes from seriousness and heavy concerns. Humor is an attempt to take some distance from life’s aggravations. Have you ever noticed that the content of much of our comedy is exactly about things that otherwise make us mad? Jokes about boxes, spouses, mothers-in-law, politicians, and endless circumstances of frustration are all efforts to convert anger to humor. When we say that someone “can’t take a joke” we are usually referring to a reaction of anger instead of a disposition to laugh.

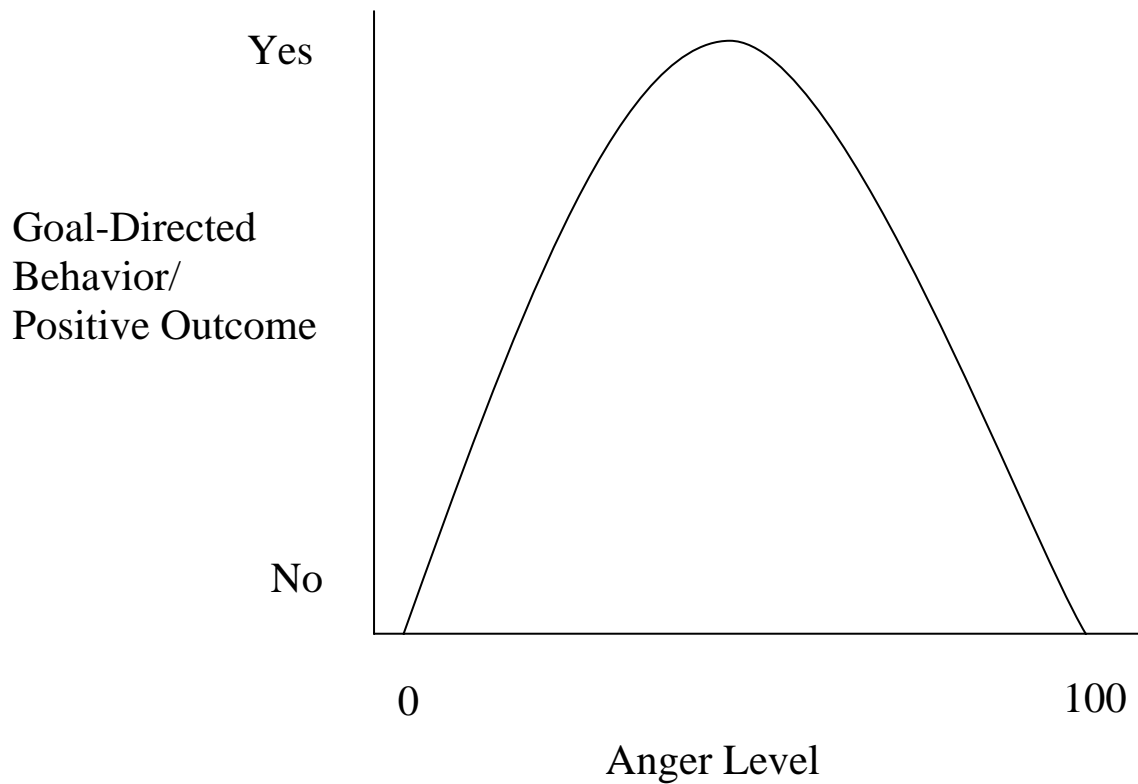
This is not to say that the world should be one big comedy. Life for most of us is serious business. But sometimes we take ourselves too seriously. Humor reflects an ability to take some distance from life's heavier side. It is also a way that can help us to appreciate the positives rather than dwell on the negatives. Anger is often the result of us being too hard on ourselves and others. When we demand perfection, we lose sight of the good things, because our eyes stay glued to shortcomings - - all we tend to see then are weaknesses and disappointments.

Relaxation and appreciation go hand-in-hand. By enhancing appreciation and keeping our sense of humor we can free ourselves of self-imposed burdens and battles that we fight with ourselves. Remember the last time you had a good hardy laugh? Your face was bright, your eyes glistened, and your body and mind was relaxed and at ease. You can recreate such sensations if you give yourself the space and time to do so.

In addition to deep-muscle relaxation (achieved by systematically tensing and the relaxing muscle groups in a progressive routine) and deep-breathing procedures (such as slowly inhaling through the nose to a count of five, so as to affect abdominal muscles, and then exhaling slowly through the mouth to a count of ten), imagining sensations of heaviness and warmth as applied to the limbs can also induce relaxation. These techniques are best done with the guidance of a therapist or counselor. However, you can also create in your mind on your own a tranquil imaginal scene (such as seeing yourself resting at the side of a peaceful lake on a beautiful summer day) that you can utilize whenever you want to induce relaxation or lower your level of tension.

Excerpts taken from ANGER, STRESS, AND COPING WITH PROVOCATION, A Patient Instructional Manual (revised in 1999) written by Raymond W. Novaco of University of California, Irvine. Copyright 1999 by Raymond W. Novaco, Ph.D., University of California, Irvine. All rights reserved. No portion of this material may be reproduced in any form without the written permission of the author.

Handout 3.1: Anger Curve



Low levels of anger tell us that something is wrong and motivate use to do something about it.

High levels of anger begin to interfere with our ability to accomplish tasks in an effective manner. It interferes with our thinking and our performance (reduces skills), and we often lose sight of our goals and standards.

Discuss examples.

Handout 3.2: Education on Anger and Trauma

A National Center for PTSD Fact Sheet

A. Why is anger a common response to trauma?

Anger is usually a central feature of a survivor's response to trauma because it is a core component of the survival response in humans. Anger helps people cope with life's adversities by providing us with increased energy to persist in the face of obstacles. However, uncontrolled anger can lead to a continued sense of being out of control of oneself and can create multiple problems in the personal lives of those who suffer from PTSD.

One theory of anger and trauma suggests that high levels of anger are related to a natural survival instinct. When initially confronted with extreme threat, anger is a normal response to terror, events that seem unfair, and feeling out of control or victimized. It can help a person survive by mobilizing all of his or her attention, thought, brain energy, and action toward survival. Recent research has shown that these responses to extreme threat can become "stuck" in persons with PTSD. This may lead to a survival mode response where the individual is more likely to react to situations with "full activation," as if the circumstances were life threatening, or self-threatening. This automatic response of irritability and anger in individuals with PTSD can create serious problems in the workplace and in family life. It can also affect the individuals' feelings about themselves and their roles in society.

Another line of research is revealing that anger can also be a normal response to betrayal or to losing basic trust in others, particularly in situations of interpersonal exploitation or violence.

Finally, in situations of early childhood abuse, the trauma and shock of the abuse has been shown to interfere with an individual's ability to regulate emotions, which leads to frequent episodes of extreme or out of control emotions, including anger and rage.

B. How can posttraumatic anger become a problem?

Researchers have described three components of posttraumatic anger that can become maladaptive or interfere with one's ability to adapt to current situations that do *not* involve extreme threat:

* **Arousal:** Anger is marked by the increased activation of the cardiovascular, glandular, and brain systems associated with emotion and survival. It is also marked by increased muscle tension. Sometimes with individuals who have PTSD, this increased internal activation can become reset as the normal level of arousal and can intensify the actual emotional and physical *experience* of anger. This can cause a person to feel frequently on-edge, keyed-up, or irritable and can cause a person to be more easily provoked. It is common for traumatized individuals to actually seek out situations that require them to stay alert and ward off potential danger. Conversely, they may use alcohol and drugs to reduce overall internal tension.

* **Behavior:** Often, the most effective way of dealing with extreme threat is to act aggressively, in a self-protective way. Additionally, many people who were traumatized at a relatively young age do not learn different ways of handling threat and tend to become stuck in their ways of reacting when they feel threatened. This is especially true of people who tend to be impulsive (who act before they think). Again, as stated above, while these strategies for dealing with threat can be adaptive in certain circumstances, individuals with

PTSD can become stuck in using only one strategy when others would be more constructive. Behavioral aggression may take many forms, including aggression toward others, passive-aggressive behavior (e.g., complaining, "backstabbing," deliberately being late or doing a poor job), or self-aggression (self-destructive activities, self-blame, being chronically hard on oneself, self-injury).

* **Thoughts and Beliefs:** The thoughts or beliefs that people have to help them understand and make sense of their environment can often over-exaggerate threat. Often the individual is not fully aware of these thoughts and beliefs, but they cause the person to perceive more hostility, danger, or threat than others might feel is necessary. For example, a combat veteran may become angry when others around him (wife, children, coworkers) don't "follow the rules." The strength of his belief is actually related to how important it was for *him* to follow rules during the war in order to prevent deaths. Often, traumatized persons are not aware of the way their beliefs are related to past trauma. For instance, by acting inflexibly toward others because of their need to control their environment, they can provoke others into becoming hostile, which creates a self-fulfilling prophecy. Common thoughts people with PTSD have include: "You can't trust anyone," "If I got out of control, it would be horrible/life-threatening/intolerable," "After all I've been through, I deserve to be treated better than this," and "Others are out to get me, or won't protect me, in some way."

C. How can individuals with posttraumatic anger get help?

In anger management treatment, arousal, behavior, and thoughts/beliefs are all addressed in different ways. Cognitive-behavioral treatment, a commonly utilized therapy that shows positive results when used to address anger, applies many techniques to manage these three anger components:

* For **increased arousal**, the goal of treatment is to help the person learn skills that will reduce overall arousal. Such skills include relaxation, self-hypnosis, and physical exercises that discharge tension.

* For **behavior**, the goal of treatment is to review a person's most frequent ways of behaving under perceived threat or stress and help him or her to expand the possible responses. More adaptive responses include taking a time out; writing thoughts down when angry; communicating in more verbal, assertive ways; and changing the pattern "act first, think later" to "think first, act later."

* For **thoughts/beliefs**, individuals are given assistance in logging, monitoring, and becoming more aware of their own thoughts prior to becoming angry. They are additionally given alternative, more positive replacement thoughts for their negative thoughts (e.g., "Even if I am out of control, I won't be threatened in this situation," or "Others do not have to be perfect in order for me to survive/be comfortable"). Individuals often role-play situations in therapy so they can practice recognizing their anger-arousing thoughts and applying more positive thoughts.

There are many strategies for helping individuals with PTSD deal with the frequent increase of anger they are likely to experience. Most individuals have a combination of the three anger components listed above, and treatment aims to help with all aspects of anger. One important goal of treatment is to improve a person's sense of flexibility and control so that he or she does not feel re-traumatized by his or her own explosive or excessive responses to anger triggers. Treatment is also meant to have a positive impact on personal and work relationships.

Handout 3.3: Anger Treatment Decision Matrix

Benefits of being angry/ aggressive	Costs of being angry/ aggressive
Immediate:	Immediate:
Long term:	Long-term:

Handout 3.4: Anger Diary

Date: _____ Time: _____

Briefly describe what happened:

How angry were you?

0%	25%	50%	75%	100%
Not at all Angry	A little Angry	Fairly Angry	Very Angry	Furious

How did you respond?

Behavior:

Physical (heart pounding, etc.):

Thoughts:

Emotions (anger, fear):

How well do you think you handled this situation problem?

Badly	Not very well	OK	Well	Very Well
1	2	3	4	5

What could you have done differently

Other comments:

Handout 4.1: Anger Diary Review

Themes of anger (i.e., feeling disrespected or threatened):

"Are there any themes/patterns that you can identify among these situations?"

- 1.
- 2.
- 3.

Choose one/two incident(s) and discuss contributing factors to the anger experience:

Cognitive Factors (thoughts)	Emotional/Arousal Factors (feelings)
Behavioral Factors (what patient did/how s/he expressed emotions)	Contextual Factors (who, what, where, when, preceding events, patient's goals)

What patient learned from this self-monitoring exercise:

Handout 4.2: Anger Hierarchy Notes

Hierarchy scenes should vary in intensity (see below) such that the patient can use the hierarchy to 1) better learn to differentiate among trigger intensity, 2) understand the differing impact of various situations, and 3) improve self-regulation of their anger responses.

- Hierarchy scenes should consist of hypothetical provocations or simulated stimuli. They should be general descriptions of provoking circumstances, although it is fine to make reference to a prior event (i.e., “someone who has given you trouble before.”). They may consist of anger experiences that the patient has had in the past and is likely to encounter again, as long as they are not overly particular on the details. For instance, they should be types of situations that contain provoking material (anger triggers) but not be exact events including specific people, times, or events.
- Look for succinct, matter of fact descriptions.
- Hierarchy scenes should not include patient reactions, but may contain highly charged aspects of the situation such as the way something was said, or a look involved.
- Determine moderator variables (e.g., person, previous experience, manner said) that raise or lower anger provocation level.
- Goal should be 7 to 10 scenes with moderators for each (2 or 3 each of mild, moderate and severe).
- Try to end each scene with provocative aspects at peak
- Do not try to do therapy during hierarchy construction (i.e., making wording suggestions or appraisal modification).
- The top items on the hierarchy should be situations that the patient encounters in daily life (not remote hypothetical situations) and situations that pose serious challenges to him/her.

Handout 4.2: Anger Hierarchy Notes

- Discuss possible scenes and write them down. (Hierarchy can have 7-10 scenes, so each number does not have to be completed.)
- Once scenes are noted, go back through each scene and develop and record moderator variables (things that would intensify and lessen the patient's anger response).

Possible Scenes:	Moderator Variables
<hr/> Mild Anger Arousal <hr/>	
1.	1. Intensify anger: Lessen anger:
2.	2. Intensify anger: Lessen Anger
3.	3. Intensify anger: Lessen Anger:
<hr/> Moderate Anger <hr/>	
1.	1. Intensify anger: Lessen anger:
2.	2. Intensify anger: Lessen anger:
3.	3. Intensify anger: Lessen anger:
<hr/> High Anger Arousal <hr/>	
1.	1. Intensify anger: Lessen anger:
2.	2. Intensify anger: Lessen anger:
3.	3. Intensify anger: Lessen anger:

Handout 5.1: A-B-C Worksheet

- First discuss the manual example by eliciting & recording original beliefs & behaviors.
- Then discuss the manual example generating & recording alternative beliefs & behaviors.
- Follow the same procedure for examples from the diary, and then events during the week.

A ntecedent Event	B eliefs	C onsequent Behavior
Example from manual: You are standing in the PTSD Clinic and someone grabs and pushes you from behind.	Original: Alternative:	Original: Alternative:
Example from diary:	Original: Alternative:	Original: Alternative:
Event during the week:	Original: Alternative:	Original: Alternative:

What Causes Anger?

Now that you have learned about the nature of anger and its problematic aspects, let's take a look at what causes anger. This will be important in helping you regulate anger reactions and preventing them from occurring.

There are four basic causes of anger: (1) external events or triggers; (2) thoughts about and perceptions of these triggers; (3) bodily states of arousal and activation; and (4) behavior patterns. None of these four factors causes anger by itself – anger is a product of the combination of these acting together, although all four may not be present to the same degree at any given time. This is not as complicated as it may sound. One simple thing that it means is that you do not become angry just because something “happens” to you. What “happens” is relevant to your getting angry, but your thoughts, your prior arousal, and your own behavior may play a big part in whether you do become angry. Thinking, feeling, and acting are all interconnected.

1. External Events or “Triggers”

Anger is an emotional reaction to circumstances that are called provocations. Any particular provocation or trigger will have uniqueness, but there are four main types.

- a. Frustrations. A frustration is when you are trying to do something and are blocked, impeded, or disappointed. Examples of frustrations are when you are trying to get a job done and the tool or appliance that you need doesn't work or breaks, when you are in a hurry to get somewhere and you are held up, or when you are expecting something good to happen and then it doesn't.
- b. Annoyances and irritations. These are incidents that “get on your nerves” like excessive noise or interruptions when you are trying to concentrate. Other forms of annoyances are minor accidents, such as tearing or soiling an article of clothing or accidentally breaking something that you like. Also, someone who is being inconsiderate or is being a pest would fall into this category of provocation.
- c. Abuse. This can be either verbal or physical. Verbal abuse consists of name-calling, cursing, and other unkind remarks that are directed at you or someone who is dear to you. Sometimes the abusive remark is very obvious and direct, like when a four-letter word is used; other times it is more subtle and indirect, such as when the person is being sarcastic or tries to make you feel like a fool. Physical abuse like pushing, grabbing, punching, or kicking occurs much less frequently than verbal abuse.
- d. Injustice or unfairness. These are situations where you have not been treated fairly or received what you deserved. For example, when someone is prejudiced against you, fails to honor an agreement, or makes a snap judgment without hearing your side of the issue. We also can get angry at injustice when it is happening to someone else, like when we see or hear about someone being mistreated.

2. Thoughts and Perceptions: Things that Go On in Your Head

Anger is not simply caused by external events themselves – it is also caused by thoughts about those events. Sometimes, in fact, thoughts about past events can recreate those provocations in our mind, making us mad all over again.

The same situation can mean different things to different people. Some people are said to be more “sensitive” than others in how they react. Similarly, we often think of people as having certain “dispositions” or “temperaments.” Italians and other Latins are said to have hot tempers, while Scandinavians are seen as cool-headed, and Polynesians are known for being very mild mannered and cheerful.

It is commonly believed that these “dispositions” are ingrained, permanent characteristics. However, this is not fully the case, because these dispositions largely consist of particular styles of thinking, feeling, and behaving that have been learned, both individually and culturally. Although it is often hard to change established habits, old styles of reacting to provocation can indeed be changed.

How you think about the circumstances that you face determines how you experience them and whether or not you become angry. This refers to your perceptions of and beliefs about the events that happen - - that is, what they mean to you. What goes on in your head determines what you see or hear, how you feel, how you act, and how you continue to feel. What goes on in your head has four key elements for anger: (a) attentional focus, (b) expectations, (c) appraisals, and (d) self-statements.

To start with, you should realize that you get angry about things that you pay attention. This doesn't mean that the remedy for anger is to not pay attention to anything that goes wrong. It means that to a large degree, anger is a matter of attentional focus. By learning how to shift your attention away from things that don't really matter you can avoid anger that is unnecessary or unproductive. And when you are angry about something that does matter, you can control your anger and your behavior by shifting your attentional focus away from personal, ego-centered matters to objective, problem-focused matters. This involves learning how to be “*task-oriented*”, which will be explained fully later.

Your expectations about the way things should be or ought to be can also lead to anger. When expectations of yourself or others are set very high or are unrealistic, you set yourself up for anger experiences. Unrealistic expectations result in more things being perceived as unsatisfactory, and this can lead to irritation with oneself and other people. High expectations are linked to high standards, and that is a positive characteristic. There is nothing wrong with having high standards for yourself and others. The important thing is that your expectations be realistic and flexible, which means that you must learn to adjust your expectations according to the situation.

Another way that expectations lead to anger is when you expect negative things to happen, creating a kind of mental set for provocation. This is a form of “looking for trouble” – i.e., when you are mentally geared for someone to say or do something unpleasant, certain aspects of their behavior stick out and register in your mind more quickly. This may also involve your not recognizing other aspects of their behavior that are neutral or even positive or your failing to consider whether the upsetting things are at all relevant to your needs in the situation.

In addition to attentional focus and expectations, there is a third element of thinking that influences anger. This is appraisal, which is another word for judgment, meaning, or interpretation. It is not the event itself that makes you angry, it's what the event means to you. How you appraise or interpret what happens determines whether or not you get angry. A frequent cause of anger is being too quick to "take it personally" when something unpleasant happens. For example, if you are having to wait for service, you might think that you are personally being ignored or slighted; or, if you have been disappointed in not getting something that you wanted, you might think that someone was out to get you and was being deliberately mean to you. When appraisals are rigid and inflexible ("black-and-white" thinking), anger is a likely result. Learning how to see things from alternative viewpoints is a central part of anger control.

Another important way that thinking affects how we feel is through the things that we say to ourselves. Our internal conversations or "private speech" is an expression of our thoughts. The statements that we make to ourselves often precede, accompany, or follow our emotional experiences. During anger incidents our self-statements play an important part in defining and shaping the emotion. For example, "I'm going to tell that bastard just where he can stick it!" or "That's it, I've had it!" or "Every time I see her it's the same old b.s.!" or "Why doesn't she just get off my back!" are self-statements that not only add fuel to the fire, they have a major role in prolonging anger after an incident is over. Anger is often recreated and inflamed by our private speech. Alternatively, as you will see later, self-statements as self-instructions can be a valuable means of regulating anger and guiding your behavior in conflict situations.

Each of these four aspects of thinking (attentional focus, expectations, appraisals, and self-statements) is readily under your control. Once it has been determined how your anger is linked to each of these areas, changes can be made in the way that you think, so as to minimize problems with anger and help you cope more effectively.

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Handout 6.1: How Our Thoughts and Feelings are Linked

Antecedent Event	Beliefs	Emotions/feelings
Describe event including what took place before event, how you were feeling, previous interactions with person, etc. Actual:	Actual:	Actual:
	Possible:	Possible:
Physical Feelings	Consequent Behavior	Aftermath
Actual:	Actual:	Actual:
Possible:	Possible:	Possible:

How to Regulate Anger – Techniques of Anger Management

At this point you have hopefully realized that even though anger is a complex thing, there is a great deal that is known about it and much that can be done about it. Now that you have learned about anger in general, you are in a better position to be able to deal with its particular forms, causes, and consequences in your own life. The more informed you are about something, the easier it is to change it.

As you have learned, anger management does not mean suppressing your anger or keeping a tight lid on it. Anger management means learning how to not get angry so often, how to keep it at low levels of intensity, and how to prevent it from lasting too long. Having a short fuse – reacting very quickly to too many things – has few pay-offs...Anger that lasts too long is heavy baggage that drains your energy. *Anger management keeps you from being the victim of your own anger.* When it happens that an anger response is justified, you can then feel more comfortable with being angry because you understand it and know what to do with it.

Anger management involves taking action that is aimed at resolving a problem. It involves learning how to be task-oriented. This means facing problems squarely but without hostility. Confrontation can be constructive, but this requires not taking things personally, sticking to the issues, and knowing how to say things. Hostility cuts, picks at, shoves, and kicks. Constructive confrontation involves good judgment, diplomacy, and firmness. Self-awareness, self-regulation, and coping skills are the keys.

Just as the causes of anger were examined in terms of thoughts, arousal, and behavior, the regulation of anger will now be discussed from these same three standpoints. Anger is indeed linked to external triggers, but the focus here is on those elements that are within your control and you can regulate. Of course, the learning of these anger control coping skills will best be facilitated through consultation with a therapist or counselor.

1. Thought Controls

A. Understanding your own feelings

A first step in anger control is to become an expert about your own anger patterns, knowing when you are angry and exactly what has made you angry. An important part of self-control is being in tune with your feelings and the things that arouse them. The first part of this manual was intended to help with exactly this. But, in addition to the background knowledge about anger in general, you need to be informed about your personal anger patterns.

A useful and important way to become educated about your anger patterns is to keep diary record of anger incidents. In this diary you should record the anger incident and your anger intensity. You might also record the duration of anger, and how you expressed. By keeping the anger diary we can discover the situations that are linked to anger for you and what things operate as “anger triggers”. As well, you might begin to consider when an angry reaction was not necessary or was not in your best interest. Unnecessary anger is often due to fatigue, pressures, conflict, and even insecurity. The diary listing can tell when you are over-reacting or when it is not so much the situation but your mental and behavioral approach to it that has produced the anger.

B. Adjusting how you think

A second step is learning how to change your views or thoughts about these situations. As you should recall, anger can be a result of many things that go on in your head, like unrealistic expectations or the exaggerated way that you might take things personally. Instead of being locked into these anger-causing thoughts, you need to be able to see things from different angles or perspectives. Sometimes this requires that you step back and look at a situation from a distance, as though you were an outside observer. And instead of being provoked by your thoughts, you can use your own thoughts as self-instructions that will regulate anger and guide your behavior.

Remember that anger results from four key aspects of things that go on in your head: attentional focus, expectations, appraisals, and self-statements. You can begin to adjust your thinking in these areas and get rapid gains in anger control. Your counselor or therapist will teach you how best to apply these “cognitive restructuring” techniques.

a. Attentional-focus. How often do you find yourself dwelling on some annoying thing that happened hours or days before? Do you ever find yourself paying attention to some isolated aspect of a situation that really makes you angry, while ignoring many other aspects that do not make you angry? Have you been distracted from getting work done because your mind is fixed on something annoying? Are you not enjoying yourself when you are with pleasant company because you keep thinking about some nuisance or irritation? These are all matters of attentional focus. To be angry about something you must pay attention to it.

Start to examine the things that you pay attention to. If paying attention to something that makes you angry doesn’t accomplish anything, then stop paying attention to it. This, of course, isn’t so simple because it is sometimes hard to know whether there is something to be gained by giving events or circumstances your attention. However, you surely can see that it is wise to refocus your attention away from angry content, when you are being distracted from work or from enjoying good things, when you are in a ruminative rut, continuing to dwell on something again and again, or when you are giving enduring attentional time to somebody that has “pushed your button.” Each of these circumstances involves anger that is non-productive and self-defeating. You can promote attentional shift by bringing to mind some pleasant idea or image, ideally one of tranquility or kindness or appreciation, focusing on its details and your enjoyment of it.

b. Expectations. How often do you get upset because something didn’t “go the way it was supposed to” or because someone “messed up” or because you yourself made a “stupid” mistake? How much of your anger is a direct result of the sheer number of things you try to accomplish day after day? Are you routinely getting mad at people because you are mentally set to see them do something or hear them say something that lights your fuse?

If your expectations are too high or unrealistic, you set yourself up for anger and disappointment. There is nothing necessarily wrong with having high expectations, if what that means is having high standards or ambitious goals. What is important is that your expectations be realistic and flexible. Expectations should be linked to situations, and you must be able to adjust our expectations according to the situation. Being realistic implies making adjustments. What is unrealistic this week may be quite realistic next week or next

month. Maintain your high standards and goals, but be patient with yourself and with others.

c. Appraisals. There is no better antidote for anger than having a positive frame of mind. Anger is rooted in negative thinking. It is fueled by being preoccupied with what has gone wrong or with assumptions about the bad intentions of others. One way to combat this negative syndrome is to maintain a constructive outlook about yourself and other people. Most people are simply trying to get through the day feeling good about themselves. Thinking positively and move forward in life.

An important part of maintaining a constructive outlook is to develop and keep your sense of perspective. If you have a job with many pressures and responsibilities, and/or if you have many family responsibilities, you cannot survive happily unless you keep things in perspective. Be serious about your responsibilities, but don't take things too seriously. You must be able to step back and see everything in balance. Humor is an important ally. When you lose your sense of humor, this can be a sign that you are on edge and are taking things too seriously. Anger is often the product of losing perspective.

Another way of understanding this is to recall how on some occasions you have gotten mad about some minor thing and then later that day or the next day you realize that this wasn't anything to be so upset about. This is because you were able to see things in a different light or to put it in perspective. On the other hand, if you remain locked into your initial point of view as the only point of view, the anger will also remain. A rigid or inflexible mentality is a sure-fire way to get angry and stay angry. You must learn to be able to see things from alternative viewpoints.

Each of us looks at the world through our own pair of glasses. Learning to understand things from the other person's viewpoint can help prevent anger and keep it from becoming too intense. Try to put yourself in the other person's shoes; see the situation from their eyes and in terms of their needs and responsibilities. Know where the other person is coming from, and remember, to the other guy, you are the other guy. Very importantly, consider how your expression of anger will affect that person.

A valuable way to combat the negative syndrome that is associated with anger is to be task-oriented. This is both a mental or cognitive skill and a behavioral skill. Being task-oriented is the best way to avoid taking things personally and to fix the problem. To be task-oriented you must have a clear sense of what has to be accomplished and then direct your attention and energy to getting it done. Know what has to be done, keep your mind on that objective, think about nothing else, and stay focused on what you need to do to accomplish this objective.

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Handout 7.1: Stages of an Anger Episode

Stage 1: Events prior to the Anger Episode

How were you feeling just before it happened (emotions)?
How stressed/relaxed were you?
Were you experiencing any pain or physical discomfort?
Were there any unresolved conflicts you were thinking about?
Did you anticipate any problems in advance?
Have you had difficulties with this person in the past?

Stage 2: The Triggering Event

When did you notice that you were getting upset?
How did you feel physically? Emotionally?
Could others have been able to tell you were getting angry? How?
When you started to get angry, what did you do? What did you say?
What did you tell yourself when it was happening? Did this make things better/worse?
How did you respond behaviorally (raise voice, etc.)? Did this make things better/worse?
How did the other person respond?
How did it end?

Stage 3: The Aftermath

What did you do after the event?
How long were you angry?
How did you cope with your anger?
Did you take your anger out on anyone else?
Did you do anything to try to calm yourself down?

What could you have done to lower your anger level at each stage?

Stage 1:

Stage 2:

Stage 3:

Handout 7.2: Self-Talk

Situation	Old Self-Talk	New Self-Instructions
You are at a family event and a cousin, with whom you often disagree, corners you and starts talking politics.	“He’s going out of his way to piss me off.” “I’m going to tell this bastard where he can stick it.” “That’s it, I’ve had it.”	“I came here to have a nice time so I’m not going to let this guy get to me.” “I can handle this. I know how to walk away and not be bothered.”
You have been calling the cable company because your cable isn’t working and you have been transferred from one person to another. Each person says they fixed the problem but it’s not going away. You are talking to the 5 th person in 3 days.	“Here we go again, I’m going to talk with another idiot who won’t get anything done.” “They are just yanking my chain, they don’t care about helping me, they just want to get to lunch.”	“OK, my goal is to get my cable working so I have to keep my cool, be polite but firm and be sure to accomplish my task.” “If I notice myself getting worked up, I will take a deep breath and try to relax.” “This is not personal, they are doing their best to help.”
Patient example:		

Examples of self-instructions to target:

Cognitions:

There is no point to getting mad. It’s a shame she has to act like this. I can work out a plan to handle this.

Arousal Reduction:

My muscles are feeling tight. Time to relax and slow down. Time to take a deep breath.

Behavioral Coping:

I can walk away whenever I want. I will remain focused on my goals. As long as I keep my cool, I’m in control.

Handout 7.3: Session 7 Reading

Self-Instructions: Coping by Talking to Yourself

Earlier it was said that the things you say to yourself can make you angry and can prolong the emotional upset long after it might otherwise have passed. However, just as or self-statements can stir-up and prolong anger, they can also be used to prevent and control angry reactions. In this regard, they become self-instructions to guide the process of coping with aggravation and conflict. This is an very effective coping skill.

In using self-instructions, you should first break down the anger experience into a sequence of stages. This will help you deal with the provocation one part at a time rather than all at once. Here is how the stages go:

a. Preparing for provocation. This applies when you know that you will face something that is going to make you angry. This is not always possible, as anger is at times triggered without warning. However, as you will learn from keeping an anger diary, much of the time you get upset about things that happen again and again. By anticipating a problem, obstacle, or annoyance, you can work out a strategy for coping with it in advance. You can form a mental set that is conducive to anger control.

b. Impact and confrontation. This pertains to the immediate experience of the provocation, which might happen suddenly, or it may develop gradually. Whatever the process of triggering may be, during this stage you recognize that you are in a situation that is making you angry. The early signs of anger should become signals or cues for you to start using anger control coping skills.

c. Coping with arousal. Being aroused by a bothersome situation is very normal; but agitation and tension might to set in as the provocation progresses. This stage also covers the possibility that your attempts at anger management may not be successful. This may be due to a variety of reasons, including the severity of the provocation. Anger escalates as antagonism builds and diminishes as resolution is achieved. Mastery is an ideal that is not always possible to achieve.

d. Reflecting on the provocation. It is very likely that you will remind yourself about what upset you. Perhaps you will re-live the experience, and you may even evaluate its effect on you. After a provocation the kinds of thoughts and feelings that you have will depend upon the outcome of the conflict. If the conflict remains unresolved, continued mental coping is necessary. If the conflict has been resolved by your constructive action, then it is time for self-praise.

Listed below are some self-statements that can be used as instructions to yourself that will help you manage anger. These are offered as examples. Each of them is not suitable for every situation or for every person. You should try to come up with your own set of self-statements that will help you manage anger.

Preparing for provocation

This is going to upset me, but I know how to deal with it.
What is it that I have to do?
I can work out a plan to handle this
Remember, stick to the issues and don't take it personally.
I can manage the situation. I know how to regulate my anger.
If I find myself getting upset, I'll know what to do.
There won't be any need for an argument.
Try not to take this too seriously.
This could be a testy situation, but I believe in myself.
Time for a few deep breaths of relaxation. Feel comfortable, relaxed, and at ease.
Easy does it. Remember to keep your sense of humor.

Impact and confrontation

Stay calm. Just continue to relax.
As long as I keep my cool, I'm in control.
Just roll with the punches; don't get bent out of shape.
Think of what you want to get out of this.
You don't need to prove yourself.
There is no point in getting mad.
Don't make more out of this than you have to.
I'm not going to let him get to me.
Look for the positives. Don't assume the worst or jump to conclusions.
It's really a shame that she has to act like this.
For someone to be that irritable, he must be awfully unhappy.
If I start to get mad, I'll just be banging my head against the wall.
I might as well just relax. There is no need to doubt myself.
What he says doesn't matter. I'm on top of this situation and it's under control.

Coping with arousal

My muscles are starting to feel tight. Time to relax and slow things down.
Getting upset won't help.
It's just not worth it to get so angry.
I'll let him make a fool of himself.
I have a right to be annoyed, but let's keep the lid on.
Time to take a deep breath.
Let's take the issue point by point.
My anger is a signal of what I need to do. Time to instruct myself.
I'm not going to get pushed around, but I'm not going haywire either.
Try to reason it out. Treat each other with respect.
Let's try a cooperative approach. Maybe we are both right.
Negatives lead to more negatives. Work constructively.
He'd probably like me to get really angry. Well I'm going to disappoint him.
Take it easy, don't get pushy.

Reflecting on the provocation

I. When conflict is unresolved

Forget about the aggravation. Thinking about it only makes you upset.
These are difficult situations, and they take time to straighten out.
Try to shake it off. Don't let it interfere with your job.
I'll get better at this as I get more practice.
Remember relaxation. It's a lot better than anger.
Can you laugh about it? It's probably not so serious.
Don't take it personally.
Take a deep breath and think positive thoughts.

II. When conflict is resolved or coping is successful

I handled that one pretty well. It worked!
That wasn't as hard as I thought.
It could have been a lot worse.
I could have gotten more upset than it was worth.
I actually got through that without getting angry.
My pride can sure get me into trouble, but when I don't take things too seriously, I'm better off.
I guess I've been getting upset for too long when it wasn't even necessary.
I'm doing better at this all the time.

The statements above are only examples of things that a person might say to himself or herself in seeking to cope with provocation. The idea of self-instructions is to guide your thoughts, feelings, and actions in a way that deals with a particular problem or situation. Therefore, you need to come up with self-statements suited to the particular situation. This is an important difference between self-instructions and simplistic "positive thinking," such as making mindless statements to yourself to "not be bothered by this or that" or to tell yourself that some obnoxious person is "really a nice guy" or to say over and over again that "everything is fine." There is no reason to believe that such simple-minded messages will be helpful, and they can even make someone become more angry.

Just as self-instructions are used by high-performance athletes in competitive situations to guide their attentional focus, to promote relaxation, and to cue skillful execution of motor movements (e.g., a basketball player shooting a free-throw with the score tied at the end of the game, a golfer hitting a tee shot on the first hole, or a diver preparing to dive from a high platform), you must develop self-instructions that are tailored to your objectives in the situation and to its anger-provoking elements. You should work with your therapist or counselor to create a set of self-instructions that will be effective for you in achieving anger control.

By thinking of anger as something that happens as a series of stages, you thereby break the provocation down into separate chunks. You may find that you do better or worse in one of these stages than in the others. Nevertheless, working with the separate chunks will make the task of anger coping more manageable and the problem situation more understandable. It also enables you to tailor the self-statements for more specific purposes of coping.

To use self-instructions effectively you must (1) understand your own anger patterns, (2) be able to adjust how you think about situations, (3) break down the provocation into stages, and (4) use self-statements that can get you to refocus, think constructively, and take corrective action.

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Handout 7.4: Self-Instruction: Coping by Talking to Yourself

Self-talk can both increase and prolong anger or prevent and control anger reactions, and can therefore be used as self-instructions to guide the process of coping with aggravation and conflict.

Use of self-instructions can improve anger management by being used at different stages of anger arousal:

- preparing for a confrontation
- coping with a confrontation
- coping with arousal and agitation
- reflecting on a conflict in a useful manner

1. Preparing for a confrontation: As you become more adept at understanding situations that trigger your anger, you will be able to better anticipate aggravating and problematic situations. Prior to entering a potentially problematic situation, you can use self-instructions to increase the likelihood of you not getting as angry and more successfully managing any anger that is aroused.

Examples discussed in session:

- 1.
- 2.
- 3.

2. Coping with a confrontation: Self-instructions can be used during a confrontation by helping you recognize that you are in an anger arousing situation. The early signs of anger should become signals or cues for you to start using anger control coping skills.

Examples discussed in session:

- 1.
- 2.
- 3.

3. Coping with arousal and agitation: If you become angry or aroused during an anger-provoking situation, you may use self-instructions to help you reduce or manage the arousal.

Examples discussed in session:

- 1.
- 2.
- 3.

4. Reflecting on a conflict in a useful manner: Following confrontation, it is common to reflect on the situation (e.g., remind yourself of what was upsetting). Frequently people focus on blaming others in the situation for the conflict. Self-instruction can be used to help you focus on constructive reflection about the situation (e.g., if you resolved the conflict by acting constructively, you may praise yourself for utilizing positive anger management strategies, or, if the situation remains unresolved or you were displeased with the way you managed the situation, you could analyze how **you** could have behaved differently).

Examples discussed in session:

- 1.
- 2.
- 3.

Handout 8.1: Task-orientation vs. Self-orientation

Definitions:

1. **Self-oriented** is organizing perceptions of events in terms of threat, which leads to emotional arousal.
2. **Task-oriented** is focusing on desired outcomes, which involves actually changing the undesirable situation (stay problem-solving focused, utilize your coping and relaxation skills).

Anger event:

You take off work one morning to attend your medical appointment at the VA. When you arrive and check in for the appointment, the clerk says you missed the appointment because you are late. You have with you the paper that was mailed to you stating the time of the appointment, and according to that paper, you are on time for the appointment. The clerk tells you to call later in the day to reschedule the appointment because the doctor will not be able to see you today.

Self-oriented perception	Task-oriented perception
<p>You view this situation as the clerk intentionally trying to make you angry because she isn't listening to you and won't look at the paper you were mailed. It feels like a threat because you are losing money by taking the morning off of work and you feel disrespected, ignored, and dismissed. You become enraged that the clerk won't listen to what you are saying and you begin to yell and make a scene.</p> <p>Likely possible outcomes:</p> <ul style="list-style-type: none">-You will become very angry and verbally aggressive (threaten physical aggression)-security will be called-you will not see the doctor that morning	<p>You maintain your focus on your desire to see the doctor this morning. Though you are irritated by the clerk's behavior, you acknowledge that she may be very busy and may not know how to manage the situation well. You explain to her the situation and if she continues to ignore you, you ask to speak to a supervisor/someone who can help you. If that does not work, you go see the patient advocate and stay focused on the goal of not leaving the hospital until you have your medical appointment.</p> <p>Likely possible outcomes:</p> <ul style="list-style-type: none">-You feel frustrated and aggravated, but you stay calm and focused on achieving your goal (having your appointment)-high likelihood of having your appointment today or a different positive outcome to the situation
Self-oriented perception (patient generated example)	Task-oriented perception (patient generated example)

Handout 8.2: Constructive vs. Non-constructive Ways of Expressing Anger

For the first situation, therapist and patient should discuss the anger event and complete the relevant sections of the handout together. Therapist may offer suggestions and guide patient through this discussion. For the second situation, the therapist should encourage the patient to complete the handout sections independently during the session. Remember, **Constructive Anger Expression** leads toward solving the problem at hand, and **Non-constructive Anger Expression** increases negative anger expression.

Situation:

Examples of Non-constructive Anger Expression	Likely Outcomes
Examples of Constructive Anger Expression	Likely Outcomes

Situation:

Examples of Non-constructive Anger Expression	Likely Outcomes
Examples of Constructive Anger Expression	Likely Outcomes

APPENDICES

Appendix 1.1: Patient History Questionnaire

Subject # _____ Date: _____ Therapist _____

BACKGROUND INFORMATION

INQUIRE ABOUT HIS/HER EXPERIENCES WITH THE STUDY UP TO THIS POINT (i.e., how assessment process was for him/her)

“I had a chance to review your assessment materials, so I learned a bit about your history and current symptoms. I understand that you served in Iraq/Afghanistan..... Is that correct? When were you there? When did you return? How have things been for you since you got back?”

What brought him/her into treatment / What does s/he hope to accomplish?

Current and prior relationship status (i.e., single, married, divorced or separated, widowed, co-habiting). How have this and other relationships changed since your return?

Who does patient live with / Number of children

Sexual orientation (i.e., heterosexual, homosexual, bisexual)

Religious, cultural, and racial identification / practices

Current and past employment status

Educational background

Financial situation. How did the deployment impact finances?

Current physical health. List any current health problems/concerns, medications, etc.

Safety/Substance Use

Since your service in Iraq/Afghanistan, have you ever thought that life is not worth living, or thought seriously about suicide?

If yes, assess for current risk of suicide (i.e., history, plan, intent, impulsivity, etc.)

Have you ever made a suicide attempt, either before or since returning from Iraq/Afghanistan?

Have you sought psychiatric or psychological help as a result of the trauma (other than this treatment)?

If so, are you currently participating in any treatment in addition to meeting with me?

List any additional current treatments:

Have you ever been hospitalized for your mood or behavior? If so, when and what event precipitated the hospitalization?

Do you currently feel as if you want to harm anyone else?

If yes, assess for current risk of homicide and past violence

Do you own / carry weapons?

Do you feel that you are in any physical danger at this time?

ASSESS PATIENT'S ALCOHOL AND DRUG USE (i.e., current frequency and amount of use, history of legal, social or employment problems due to alcohol or drug use)

Discuss with patient how this session has been for him/her. If necessary, review coping skills and strategies. Thank him/her for coming, participating in study, and answering questions.

Appendix 1.2: Introduction to Relaxed Breathing

Guided Relaxed Breathing Exercise

Now I am going to lead you through a guided relaxed breathing exercise....It takes time and practice to become comfortable with these exercises...If you are feeling too tense or uncomfortable with your eyes closed...feel free to open them at any point in the exercise. Over time, you will be able to keep your eyes closed for longer periods of time.

Close your eyes and take a minute to settle comfortably into your chair. Focus only on my voice and on your breathing. You don't need to do anything now except simply observe how your body breathes. Take your time and if you find it difficult to pay attention to your breath, that's alright. It is okay to have thoughts drift in and take your attention away. Just simply bring yourself gently back to your breath, making it the center of your attention. Be aware of how the air moves in through your nostrils and down into your diaphragm. Notice your abdomen extending like a balloon, filling on the in breath, and emptying on the exhale as the air again moves up and out of the body through your mouth. If thoughts come into your head, just gently come back to observing the movements of air and the filling and emptying of the balloon. Nothing for you to do here except just be aware of these sensations.

Let your thoughts drift gently back to your breath. Take your time, imagine that each time you inhale, you are taking in light, energy and oxygen that will spread into your lungs through your body and every cell. Feel the sensation of the air flowing in through your nostrils and down into your diaphragm and then spreading to every cell of your body, down through your arms, into your legs, feet and toes. As you exhale, imagine that your body is letting go of all that has been used up, all that you no longer need. Emptying, letting go, making room for the next inhale and then taking in again of oxygen, energy and nourishment for your body. With each breath, you feel more and more deeply relaxed. Just remember, if your thoughts drift, bring your attention gently back to the breath and my voice.

Continue to focus on the cool air coming in as you inhale, and the warm air coming out as you exhale and relax. Try to slow your breathing down, taking a little more time between inhaling and exhaling. Let's breathe together now. Breathe in counting to 5, hold your breath for a moment, and then exhale counting to 7. Breathe in 1-2-3-4-5, hold, breathe out 1-2-3-4-5-6-7. Now, sit quietly, trying to slow your breathing down, perhaps breathing in for 7 and breathing out for 10. Remember with each breath, you will feel more relaxed. Your whole body feeling loose and relaxed, like a rag doll. (allow 30-60 seconds).

Ok- now open your eyes.

Give Tension meter again and discuss how this was for participant.

EXERCISE 1: Increasing Body Awareness

In an effort to help you identify where in your body you typically experience the physical effects of stress, I am going to take you through a mental body scan. You should close your eyes, find yourself in a comfortable position in the chair, and begin to become more aware of how your body feels. Notice all of the sensations occurring inside your body... Bring your attention first to the top of your head, and move slowly down your body until you reach your toes. Become aware of any muscle tension, pressure, tightness, or any feelings of pain or discomfort. Focus your attention closely on the areas where tension builds up such as the abdomen, shoulders, neck, and back. As you conduct your body scan, you may want to ask yourself the following questions:

Where am I feeling tight?

How long has this feeling of tension been there?

What happened to cause this tension?

DISCUSSION: Ask client about his/her experience with this exercise. Where did they notice that most of their physical tensions lies? Are there certain situations that cause them to feel physical tension in these areas? Is the tension always there, or does it come and go? What have they learned about their bodies that they did not know before this exercise?

There are ten relaxed postures that we will review. (*The following exercises have been adapted from Poppen, 1988*).

Hands: First we'll focus on your hands. Look at your hands. Your hands are relaxed when you rest them on your lap in a slightly open position (demonstrate). Please show me relaxed hands. (Make sure client has hands in the correct position). Continue to relax for a few minutes and notice how your hands and arms feel in this position.

Feet: Now turn your attention to your feet. Take a moment and look at your feet. Your feet are relaxed when both heels are resting on the floor like this (demonstrate). Your feet are not relaxed if they are crossed. Please show me relaxed feet. (Make sure client has feet in the correct position). Continue to relax your feet and notice the feelings in your legs and feet as you do so.

Body: Next, focus on your body posture. Feel how your body is positioned in your chair. Your body is relaxed when your chest and hips are straight in the chair with no movement (demonstrate). Your body is not relaxed if your torso is crooked. Please show me a relaxed torso. (Make sure client has the correct position). Take a few moments to notice the sensations as you relax your body.

Shoulders: Now focus on your shoulders. Shake out your shoulders. Your shoulders are relaxed when your chest and hips are straight in the chair with no movement (demonstrate). If your shoulders are crooked, your body is not relaxed. (Make sure client has the correct position). Take a few moments to notice the sensations as you relax your shoulders.

Head: Now notice your head. Move your head from side to side. Your head is relaxed when it is in alignment and facing straight ahead (demonstrate). If you have a chair with a high back, your head can rest on the

cushioned chair back. Your head is not relaxed if it is crooked. (Make sure client has head in the correct position). Take a few moments to notice the sensations as you relax your head.

Mouth: Turn your attention to your mouth. Move your mouth. Your mouth is relaxed when your teeth are parted and your lips are open in the center (demonstrate). Your mouth is not relaxed if your lips are closed, or if you smile or lick your lips. Please show me a relaxed mouth. (Make sure client has mouth in the correct position). Take a few moments to notice the sensations as you relax your mouth.

Throat: Now notice your throat. Feel yourself swallow. Your throat is relaxed when it is smooth and quiet (demonstrate). Your throat is not relaxed if there is a lot of swallowing or muscle twitching. Please show me a relaxed throat. (Make sure client has throat in the correct position). Now take a few moments to notice the sensations as you relax your throat.

Quiet: The next relaxed activity is called quiet. Take a moment and listen. You are quiet when you are not making any noise, such as talking, loud sighs or snores and when you are focused on your own internal sensations. Let us focus on quiet for the next few moments. Let any distracting noises fade into the background as you focus on your breathing.

Breathing: The next relaxed activity is called breathing. Take a deep breath and let it out. Your breathing is relaxed when it is slow and regular. Breathe from your diaphragm, feeling your abdomen expanding with each breath. Remember how babies and puppies breathe. Please demonstrate relaxed breathing.

Eyes: The final area we're going to focus on is your eyes. Notice your eyes. Your eyes are relaxed when the lids are closed and smooth (demonstrate). Your eyes are not relaxed when they are tightly shut, or if there is eye movement beneath the lids. Please relax your eyes. (Make sure client has eyes in the correct position). Feel the sensations as you allow your eyes to relax. Now open your eyes.

Discussion: Have client briefly share his/her experience with the exercise. Ask about any problem areas and review how to relax those areas.

Relaxation Exercise: PROGRESSIVE MUSCULAR RELAXATION (without tensing)

Settle back comfortably. Close your eyes so that you won't be distracted...now start focusing on relaxing the various muscle groups, starting with loosening up the fingers of the right hand...increasing the relaxation there and throughout the entire right hand...and flowing the relaxation to include the right forearm...and now..., the right upper arm...

And now also attending to relaxing the fingers of the left arm...the entire hand...and increasing the relaxation to include the left forearm...and now the left upper arm...so much more relaxed and tension-free in both hands...both forearms...both upper arms...

Take a slow deep breath and slowly exhale, using this method to further the relaxation process...then returning to breathing normally...

Now, while the hands and forearms are relaxed, we'll have you focus on loosening up the forehead...letting any tensions remove themselves, to become wrinkle free...smoothing out the forehead area...and flowing the relaxation across the eyes...and the entire facial area, including the lips and the jaws...much more relaxed, and tension-free in the whole head and facial area...

Spreading that relaxation across the neck and shoulders...letting the muscle tension be replaced by a greater sense of relaxation...

And continuing the relaxation across the chest...the stomach...and both legs and both feet...much more relaxed...

Take another slow deep breath, and use this again to remove any last tensions...slowly exhaling and feeling that tension just leave your body...then returning to breathing normally again...so much more loose, relaxed in the entire body...

Take three more of those deep breaths, with the slow exhaling each time to increase the relaxation even further...as relaxed and comfortable as you would like to be...then continuing to breathe normally...retaining the sense of relaxation.

Now slowly open your eyes.

Give **Tension Meter** again.

Discuss how that was and practicing at home!

Appendix 2.1: Imagery Exercise

Let's take a minute now and do some brief imagery exercises. First ...relax....close your eyes...and focus on your breathing....Make sure that you are breathing from your diaphragm...and relax...releasing tension each time you exhale.

Visual Imagery: Now.... Imagine that you are at home.....feeling hungry.....you decide that you are going to fry something....Imagine reaching into your refrigerator, taking some butter out.....Feel the hard, cold butter as you slice a piece off and put it into the frying pan... See the thin funnel of smoke appear as the butter slab hits the heated pan.... As you turn up the heat, see the slab of butter slowly melting around the edges....The melting butter is sending off an unmistakably buttery odor.....watch as the pad of butter slowly loses its shape....losing its shape as it starts to turn into a puddle of oil before your eyes..... see it beginning to sizzle at the corners as the temperature in the pan gets higher....see the sizzling butter.....very good....now clear your mind of that image.

Auditory Imagery: NowImagine that you are in your car, enjoying a drive on an uncrowded, country road... You are feeling peaceful and relaxed.... You are in the mood for some music so you turn on the radio....you adjust the dial slowly as you cruise the stations to find some music that suits your mood.....Imagine cruising the different stations until you finally are able to get the station of your choice....Now.....settle back in your seat...enjoy the view while listening to the music...A song you know well comes on.....It is so familiar to you....it reminds you of some past experience..... as you listen and hum along the music carries you to a different place, a different time.....hear the song.....imagine the place.....imagine singing along...you remember some of the wordshear your favorite part of the melody.....hear the chorus....see if you can make out the words.....the melody.....do you feel like humming along?.....Good.....now clear your mind of that image.

Tactile Imagery: Now imagine that it is a beautiful day outside....you are sitting outdoors enjoying the sun on your face....you close your eyes and feel the tingling sensation of the sun's rays as they soak into your skin....after a while you change positions....now your back is facing the midday sun....you feel the heat as it warms your shirt....then slowly penetrates through your shirt to your skin.....the warmth on your back feels good....there is a slight cooling breeze that is blowing across your body.....just enough so that you are enjoying the heat of the sun without feeling too warm.....feel the soothing breeze cooling your face.... your skin tingles with the feel of the warm sun on your back.... and the coolness of the breeze on your face....you feel so relaxed...very good....now clear your mind of that image.

Olfactory Imagery: Now I want you to imagine that you have been given a wonderful homemade apple pie.....All you have to do is heat it up.....you take the pie and turn on the oven....within minutes the smell of homemade apple pie is spreading through your kitchen.....it smells so good...you can detect a slight odor of cinnamon..... and butter.....you can smell the apples baking.... the smell of cinnamon....the smell of butter....the smell of the pie crust as it is baking....just a few more minutes and it will be ready....the apples....the cinnamon...the tangy, buttery, sweetness of the apple pie..... Very good....now clear your mind of that image.

Gustatory Imagery: Now I want you to imagine a yellow lemon...it is lying on your counter....it is freshly sliced and you can smell the unmistakable odor of the lemon juice and the lemon rind awakening your senses.....now you reach out and take a slice....looking at the beautiful lemon rind and the drops of lemon juice running down the slice in front of your eyes...see the beautiful yellow color of the lemon... bite into the lemon slice.....feel the rush of lemon juice as it enters your mouth.....do you swallow hard?...Feel your mouth pucker from the sourness...do you like the sour taste?.....very good....now clear your mind of that image.

The Mountain Cabin

The following exercise will focus primarily on **visual images**.

Be Patient

It is important to be **patient** as you learn to call upon images to relax yourself. You may find that you get easily distracted by unwanted thoughts. If you get **distracted**, do the following:

- 1) Tell yourself to let the thoughts pass by and to refocus on the relaxing image.
- 2) Let the distracting thought disappear on its own...don't resist it.
- 3) Be patient with yourself. As you practice, you will find it easier to focus only on your relaxing thoughts,

If you continue to have difficulty with intruding thoughts, you can use the following "**thought stopping**" technique:

- 1) Say "**Stop!**" and quickly refocus on the imagery that you were trying to visualize.

These two techniques can be used whenever you find yourself preoccupied and unable to shake a thought and return to the task at hand. It is important to be **gentle** with yourself throughout this learning process and to maintain a **stress-free attitude**. Be patient with yourself.

Now we are going to do an imagery relaxation exercise. As you listen, allow yourself to feel the images that come to you and experience the mental pictures that are painted by the words that are being said. Feel free to open your eyes at any point during the exercise and feel free to replace any images that you find uncomfortable with your own soothing ones.

Now close your eyes...get comfortable.....are you breathing from your diaphragm?.....Very good.....let any distracting thoughts pass by and focus on relaxation....

Imagine that you are up in the hills or mountains....somewhere where you feel safe and comfortable....You are staying in a beautiful mountain cabin filled with everything you need for a peaceful vacation....outside it is cold and snowy....but inside the cabin....you are warm and cozy...enjoying this special place and the peacefulness and quiet.....The snow is white and fluffy and you watch it as it falls lightly on the ground....Every now and then you hear the logs in the fireplace snapping and crackling as the sap inside them burns and sends out the fresh odor of pine....the fire is providing just the right amount of heat and warmth for you...you feel so safe and secure in this mountain cabin....As you watch the snow outside...you move closer to the window and notice the frost on the windowpane....you put your warm hand on the cold, hard glass of the windowpane feeling the heat from your hand and fingers melting the frost....and you let your thoughts drift as you look outside.....And then to get a better view of the outside..... you begin to open the window, feeling it give way to the pressure of your hand.....As the window opens, you take a big breath of pure, fresh, mountain air.....you breathe in deeply and exhale.....feeling so good and peaceful..... Looking outside you can see the snow on the ground and lots of tall evergreen trees. And then looking off in the distance, you see a wonderful view...perhaps of a valley down below or other mountain peaks far, far in the distance....And now you can close the window and walk over to the fire..... feeling its warmth as you get closer.....Go ahead and sit back in a comfortable chair facing the fire....or if you wish, you can lie down next to the fire on a soft bearskin rug....feeling the soothing warmth against your skin.....letting your body absorb the warmth bringing deep relaxation and comfort....You can also enjoy looking at the fire, seeing the burning logs, hearing the crackling of the logs and hissing sound from the sap encountering the fire....smelling the fragrant smoke from the burning logs. You can even look around noticing that the room is illuminated by the light from the fire.....noticing the flickering shadows on the

walls....noticing the furniture and any other objects in the room...just look around and take it all in...all the sights and sounds and smells.....feeling so peaceful in this place...so calm and tranquil. And you can be reminded that even though the cold wind is howling outside, you can feel so warm and comfortable inside....letting that comfort spread to all parts of your mind. And in this place you have absolutely nothing to worry about....for all that really matters is that you just allow yourself to enjoy the peacefulness, enjoy the deep comfort of being in this place right now....as a relaxed, drowsy feeling comes over you...and all the sights and sounds and smells gradually fade far away....while you drift...and float and dream in that cabin far off in the mountains. (Pause)

And now, whenever you are ready, you can bring yourself back to a normal, alert, and wide-awake state by counting from 1 to 3, so that when you reach the number 3 you will open your eyes feeling completely refreshed and comfortable.

Appendix 4.1: Imaginary Sanctuary (“Tranquil Scene”)

Your imagination is either creating relaxing, stress-free thoughts and images or tension-filled and stressful thoughts and images. That’s why we are focusing on practicing imagery to reduce the negative images and replace them with more positive ones.

This week, I will be helping you to create your own imaginary sanctuary. Last week, I provided a scenario that included a mountain cabin. I hope this scenario evoked happy, safe and relaxed feelings....however, this may not have been the case. **The imagery exercise that I will do next will help you to create your own custom designed safe and secure imaginary place. In this exercise, you create your special place as you go along so that you can make yourself feel comfortable and relaxed.**

Once again as you listen, allow yourself to feel the images that come to you and experience the mental pictures that are painted by the words that are being said.

Now close your eyes...get comfortable.....are you using your deep breathing skills? Slowly breathing in and out.... Are all of your muscles relaxed?.....Very good.....let any distracting thoughts pass by and focus on relaxation....

"Relax in your chair ...Release tension from your body as you concentrate on feelings of relaxation....peacefulcalm....feelings....Turn your attention to your breathing...Focus fully and completely on your breathing.....Imagine that your breathing is as automatic as the ocean waves, rolling inand out...in....and out.....

As you breathe, imagine relaxation flowing over your body, one wave after another...Feel the waves of relaxation moving through you.....through your head.....down your neck and shoulders.....through your chest and down into your arms and fingers....Feel the waves of relaxation moving through your back muscles.....down into your hips and legs and into your feet and toes.

With each wave of relaxation.....feel peacefulness and warmth moving through you as every muscle in your body becomes less tense and more relaxed.....You are feeling safe and protected....your body is loose and relaxed.....loose and relaxed.... Wave after wave of relaxation is flowing through your body.....Your mind is becoming more and more tranquil, and all of your tensions and worries are slipping away from you as waves of relaxation flow over you.....There is a growing feeling of warmth and heaviness in your arms and legs and a peaceful awareness of your state of relaxation.

The exercise we are going to do now has been designed to help you move from a place of tension and to a place of inner calm and peace.....In order to do this.....just imagine yourself feeling the way you would like to feel...enjoying a place that you may have been to in the past or would like to visit in the future....imagine that you are in your favorite place...this place can be a place that exists only in your imagination....This place is a safe place for you...you feel calm and relaxed there....you are at peace with yourself....you feel calm in your special place....your breathing is slow and deep....tension is slipping away and your thoughts are focused on noticing what makes your special place so special....you are so peaceful.....you are aware of the sounds around youthese sounds are soothing to you ...you focus in on these sounds and you feel more calm and relaxed.....you tune in to the scents in your special place....you feel so safe and secure.....when you feel comfortable you reach out and feel some of the special things in your special place....they make you feel that you are where you belong....you can create anything or anyone to be with you now.....you can create it just the way you want it to be...this is the place where things happen just for you....you can make it that way....

Now take sometime to enjoy yourself....to be at peace....to be calm.....you are in a place now that comforts youthat you can escape to when you need to.....Take some time now and just enjoy your special place.....(Be silent for 30-60 seconds)... Remember the things that make this place special for you....you can return any time you need to....it will always be there for you....remember how it feels...how it smells....what it looks like...what it sounds like....you can return anytime you need toit is your relaxing....soothing place.....imagine the things that you would like to be surrounded by...or the people you would like to be there with you.....You are choosing an image that best sums up the way you would like to feel.... you are imagining yourself in your special place....Imagine that you are in that place now.....feeling the way you want to feel.....

Take a deep breath and slowly let it out...You are feeling calm and secure...peaceful and relaxed...You will be able to create these feelings whenever you do this exercise and each time you will feel more and more relaxed.

Now feel peacefulness, energy and strength flowing through your body....You are becoming more alert and energetic....Waves of joy, power and energy are moving through you....You feel strong...ready to act....powerful....You are calm and energized...And now count from 1 to 3....then take a deep breath and open your eyes...So....

One.....Two.....Three.....You have had a good rest, your whole body feels very refreshed. now count from 1 to 3...then take a deep breath and open your eyes when you are ready....

* Sections of the above script were created from scripts found in the following journals or books:

Davis, M., Eshelman, E.R. & McKay, M., (1995). The Relaxation and Stress Reduction Handbook (4th ed.). Oakland, CA: New Harbinger Publications.

Fanning, P., (1994). Visualization for Change (2nd ed.). Oakland, CA: New Harbinger Publications.

Wilson, P., (1995). Instant Calm. New York: Plume/Penguin Books.

Appendix 5.1: Autogenic Training Exercise

"Make yourself comfortable. Concentrate on feelings of relaxation, peace and calmness. Listen to the phrases I say and then try to feel and experience the sensations or feelings in your body. Be very attentive to my voice and to the sensations or feelings in your body." If at any time you feel the need to open your eyes feel free to do so. If any image in the exercise feels uncomfortable to you, replace it in your mind with your own more soothing image.

Focus your attention completely and fully on your breathing. Imagine that your breathing is as automatic as the ocean waves, rolling inand out...in....and out.....Silently say to yourself, "Breathing, smooth and rhythmic..." "Breathing, smooth and rhythmic..." "My breathing is effortless and calm...." "Breathing, smooth and rhythmic...." "My breathing is effortless and calm...." "Breathing, smooth and rhythmic...."

As you breathe, imagine relaxation flowing over your body, one wave after another. Feel the waves of relaxation moving through your chest and shoulders. Down into your arms. Through your back muscles. Down into your hips and legs.

With each wave of relaxation, try to feel the heaviness and warmth in your arms and your legs. Now, I want you to think, still in a passive way, about wave after wave of relaxation. Concentrate on the relaxation moving up from your lungs in waves, up and across your face and scalp.

Your mind is becoming more calm and tranquil, and you have a placid, relaxed awareness of the feelings of relaxation throughout your body. All of your tensions and worries slip away from you as you feel waves of relaxation flowing over you. There is a growing feeling of warmth and heaviness in your arms and legs and a peaceful awareness of your state of relaxation.

Remember how you imagined the waves rolling in and out to help you breathe effortlessly. Try to feel that again as you now imagine your heart beating. Silently say to yourself, "My heartbeat is calm and regular....." "My heartbeat is calm and regular....." "I feel very quiet, and my heartbeat is calm and regular..." "My whole body is deeply relaxed, and my heartbeat is calm and regular...." "My heartbeat is calm and regular..."

Now, I would like you to turn your attention to your right hand, wrist, and arm. Concentrate on this area of your body and focus all your attention there. If you need to, gently touch it as you silently repeat: "My right arm is heavy and warm; warmth is flowing into my arm and down into my hand." My right arm and hand feel pleasantly warm."

The feelings of warmth may be deepened by imagining the sun shining on your right hand and arm. Continue saying these words while focusing on your right arm and hand: " My right arm and hand are heavy and warm." "Warmth is flowing down my right arm and into my wrist and hand." Warmth is flowing down my right arm and into my wrist and hand."

Become fully aware of the feelings in your right arm and hand, and be sure to keep out all other thoughts as you continue to focus on heaviness and warmth in your right arm and hand. If other thoughts come into your mind, you will find it possible to let them go as quickly as they came. You are concentrating on heaviness and warmth. Allow these feelings of heaviness and warmth happen to you. Continue to silently repeat to yourself: "My right arm and hand are heavy and warm; warmth is flowing into my right arm and down into my right hand."

Now, I would like you to turn your attention to your left hand, wrist, and arm. Concentrate on this area of your body and focus all your attention there. If you need to, gently touch it as you silently repeat: "My left arm is heavy and warm; warmth is flowing into my arm and down into my hand." My left arm and hand feel pleasantly warm."

The feelings of warmth may be deepened by imagining the sun shining on your left hand and arm. Continue saying these words while focusing on your left arm and hand: "My left arm and hand are heavy and warm." "Warmth is flowing down my left arm and into my wrist and hand." Warmth is flowing down my left arm and into my wrist and hand."

Become fully aware of the feelings in your left arm and hand, and be sure to keep out all other thoughts as you continue to focus on heaviness and warmth in your left arm and hand. If other thoughts come into your mind, you will find it possible to let them go as quickly as they came. You are concentrating on heaviness and warmth. Allow these feelings of heaviness and warmth happen to you. Continue to silently repeat to yourself: "My left arm and hand are heavy and warm; warmth is flowing into my left arm and down into my left hand."

Now I want you to focus on both your arms and hands at the same time. as you say to yourself: "My arms and hands are heavy and warm, warmth is flowing into my arms and down into my hands." Both my right arm and my left arm are heavy and warm." "My arms and hands are heavy and warm." "Warmth is flowing into my arms and gently down into my wrists, hands and fingertips and they feel very relaxed."

As the warmth is flowing into your hands, you feel your whole body relaxing. You are letting everything go....all worries and cares are far, far away....This is your time to think only of pleasant relaxation and the feelings that it brings. It is better for you if you think of nothing except how relaxed your body is feeling...Let all other thoughts leave your mind.

Continue to concentrate on your arms and hands being heavy and warm....You are gently pushing out any other thoughts....Bring your mind back to the thought: "My arms are heavy and warm: warmth is flowing into my hands."

Take some time now while you keep your arms and hands heavy and warm....to check around your body to see if there is tension in any muscle. Check all around. Is your jaw loose and slack....are your eyelids gently closed....Be sure the muscles in your face are relaxed.

You are becoming very relaxed, and you feel loose and limp - just like an old rag doll...loose and limp...and relaxed.

Now, I want you to focus on your legs. If you need to, make contact with your legs by touching them and becoming more aware of them. Notice where they are touching the surface on which they are resting...Notice that pleasant heaviness and warmth is spreading down from your arms to your legs....Let it happen.

Allow the warmth to spread as you say to yourself: "My legs are becoming warm and heavy, warmth is flowing into my feet." "My legs are warm and heavy." "My feet are warm and heavy." "My legs are heavy and warm, and warmth is flowing into my legs and down into my feet - all the way down to the tips of my toes." "My legs and feet are heavy and warm." "Heavy and warm, very pleasantly warm."

Now I want you to focus on all your limbs, arms and legs together. Become very aware of your arms and your legs. Repeat silently to yourself: "Warm and pleasant feelings are sinking into every part of my arms, hands, legs and feet." "My arms and legs are loose and limp." "The muscles in my arms and legs are letting go, and I am becoming more relaxed."

Take a deep breath....Breathe in so that the air flows into your lungs and feels as though it is flowing way down into your stomach area. Breathe very deeply down into your stomach area...and as you breathe out, say to yourself, "I am calm....I am calm."

You can say these words to yourself when you are relaxed...deeply relaxed. These will be summing up words. Take a deep breath and say to yourself "I am calm." Eventually...with practice you will be able to relax yourself by simply thinking these words, "I am calm." When the day is going badly or you are caught up in a traffic jam, you will be able to control your stress by saying, "I am calm." You will remember the feelings of deep relaxation that you have now....

Take a deep breath and slowly let it out...You are feeling safe, secure and pleasantly relaxed...You will enjoy a good feeling every time you do these exercises, and you will feel more and more relaxed.

Now feel joy, cheerfulness, energy and strength spread throughout your body....Your body is becoming alert and energetic....Waves of strength, power and energy are moving all through the areas of your body...You are strong...ready to act....powerful....You are master of your body....And now count from 1 to 3...then take a deep breath and open your eyes....So...One.....Two.....Three.....You have had a good rest, your whole body feels very refreshed.

*Sections of the above script were created from scripts found in the following books:

Charlesworth, E.A., & Nathan, R.G., (1985) Stress Management: A comprehensive guide to wellness. New York: Ballantine Books.

Davis, M., Eshelman, E.R. & McKay, M., (1995). The Relaxation and Stress Reduction Handbook (4th ed.).

ADDITIONAL RELAXATION EXERCISES

Relaxation Exercise: Sunlight Meditation with Autogenics

Picture yourself in a safe, beautiful place outdoors. Now imagine that you feel a warm, gentle breeze blowing over your body. Overhead, you can see a beautiful blue sky and some white clouds. Shining directly overhead is the sun.

Now imagine that you feel the warmth and light from the sun directly above you. You can feel it shining down – into and throughout your entire body. You feel it beginning to relax and soothe every part of your body. Concentrate on this sunlight and move it over to your right arm. Focus it there. Just allow the warmth and light from the sun to penetrate your right hand. You can feel it soothing and relaxing your right hand. Now, it begins to move from your right hand to your forearm, and then to your upper arm, and then to your shoulder. Just feel the sunlight warming and soothing your entire right arm. You can feel it filling and soothing every muscle, tendon, and nerve in your right arm. And you feel your right arm- from the tips of your fingers to your shoulders- becoming completely relaxed. And you find yourself letting go more and more, becoming more and more at peace.

Now, move the light from the sun to your left arm. Imagine it entering and soothing your left hand. Now, you begin to feel it moving from your left hand up to your left arm, soothing your forearm, and then to your upper arm, moving all the way up to your shoulder. You are relaxing all the muscles, nerves, and tendons in your left arm, feeling the light penetrating and soothing your entire left arm. Just continue to let yourself drift deeper into quietness and peace, feeling very safe, secure, and relaxed.

Gently now, take the light from the sun and move it over to your right leg. Allow it to move from the tips of your toes all the way up to your right leg to the hip joint. Feel the warmth as the sunlight moves up through your right leg, from your right foot to your right calf... and then to your right knee, and then to your right thigh, and finally to your right hip bone. Just feel the sunlight penetrating and soothing every muscle, tendon, and nerve in your right leg and hip. Your entire right leg is feeling completely relaxed.

Now, feel the sunlight move to your left leg. Again, allow it to move from your left foot, up through your entire left leg, to your hip bone. Feel it soothing and relaxing your left ankle, then your calf, then your knee, then soothing all the muscles in your thigh, and finally moving up into your hip. You can feel the sunlight penetrating every muscle, tendon, and nerve in your entire left leg. And in a moment, you find your left leg feeling completely relaxed.

Now, move the light from the sun into your stomach area. Just feel it warming and soothing every organ in the lower part of your body. Just feel the pressure and tensions of the day draining away from you as your stomach and lower abdomen are relaxing completely. Feel the stomach and lower abdomen becoming completely relaxed.

Now, take the light from the sun and move it into your chest area. Let it soothe and comfort that area. Just feel it streaming into your chest. You're feeling relaxation, peace, and comfort throughout your entire chest, feeling your chest becoming very relaxed and your breathing becoming easy. Just enjoy this feeling of calm, peaceful relaxation. (pause 30-60 seconds)

Now, gently bring yourself up and out of deep relaxation to a more alert state, gradually letting yourself become more and more aware of your surroundings, remaining calm and relaxed. Say to yourself: "I am refreshed and alert. Refreshed and alert. I am refreshed and alert." Take a deep, full breath and stretch, letting the feelings of

calmness and relaxation carry over with you into a fully alert state. You may wish to take another deep breath and stretch, and then gradually open your eyes.

Relaxation Exercise: Weitman Relaxation Induction

Just sit comfortably in the chair and listen very closely to what I am going to say to you. I am going to try a series of experiments with you. Each experiment will be in the form of a question. Each question can be answered with either a “no” or a “yes” but it will not be necessary for you to say “yes” or “no” out loud, or even perhaps to yourself, because the answer to each question is your own particular reaction to the question. All this will become very clear as we proceed. Just remember to listen to the question that I pose to you, and do not be bothered by the unusual nature of some of them. Let yourself react to each question. However you react is fine. There really is no right or wrong way. L

Ready? Then, let's begin.

- Is it possible for you to allow your eyes to close? (10 sec. pause).
- If they are not yet closed, you may close them now (5 sec.)
- Can you be aware of the point of maximum contact between your back and the back of the chair? (10 sec.)
- Is it possible for you to imagine the space between your eyes? (10 sec.)
- Can you now imagine the distance between your ears? (10 sec.)
- Can you imagine that you are looking at something that is very far away? (10 sec.)
- Is it possible for you to become aware of how close your breath comes to the back of your eyes every time you inhale? (10 sec.)
- Is it possible for you to be aware of where your arms are in contact with the chair? (5 sec.) And can you be aware of the points at which your arms lose contact with the chair? (10 sec.)
- Is it possible for you to feel the corners of your lips touching? (10 sec.)
- Can you imagine in your mind's eye a beautiful flower suspended just a few feet in front of you? (10 sec.) And if you see the flower, is it possible for you to close the lids of your inner eye so that you can no longer see it? (10 sec.)
- Is it possible to be aware of the space within your mouth? (10 sec.)
- And can you be aware of the position of your tongue within your mouth? (10 sec.)
- Is it possible for you to feel even the slightest breeze against your cheek? (10 sec.)
- Can you be aware of one of your arms being heavier than the other? (10 sec.)
- Is it possible for you to be aware of a tingling or feeling of numbness in one of your hands? (10 sec.)
- Is it possible for you to notice any change in the temperature of your body? (10 sec.)
- Can you feel the weight of your shoes on your feet? (10 sec.)
- Can you feel your left arm warmer than your right arm? (10 sec.)
- Is it possible for you to feel like a rag doll? (10 sec.)
- Can you be aware of your left forearm? (5 sec.) Can you feel any tightness in it? (10 sec.)
- Is it possible for you to imagine something that is very pleasant for you? (10 sec.)
- Is it possible for you to imagine a wisp of smoke rising lazily a few feet in front of you? (10 sec.) If you can see the smoke, can you now close the lids of your inner eye so as to no longer see it? (10 sec.)
- Can you feel yourself floating as if on a cloud? (10 sec.)
- Can your arms feel very heavy as if they were stuck in molasses? (10 sec.)
- Can you feel yourself floating as if on a cloud? (10 sec.)
- Is it possible to imagine once again that you are looking at something that is very far away?
- Can you imagine a beautiful mountain scene? (10 sec.)
- Is it possible for you to feel a heaviness coming into your legs? (10 sec.)
- Is it possible for you to imagine yourself floating in warm water?

- Is it possible for you to become aware once again of the space within your mouth? (10 sec.)
- Can you imagine beautiful sunset? (10 sec.)
- Can you feel the weight of your body in the chair? (10 sec.)
- Can you allow yourself just to drift along lazily? (10 sec.)
- Is it possible once again to feel like a rag doll? (10 sec.)
- Is it possible for you to imagine yourself watching a helium filled balloon rising slowly toward the sky? (10 sec.)
- Can you now become aware of the distance between the corners of your mouth? (10 sec.)
- Is it possible once again for you to feel even the slightest breeze against your cheek? (10 sec.)
- Is it possible for you to feel your face getting very soft? (10 sec.) Is it now possible for you to feel your face getting slightly warmer? (10 sec.)
- Is it possible for you to imagine in your mind's eye another beautiful flower? (10 sec.)
- Can you once again imagine something that is very pleasant for you? (10 sec.)

Now feel peacefulness, energy and strength flowing through your body.... You are becoming more alert and energetic....Waves of joy, power and energy are moving through you....You feel strong...ready to act....powerful....You are calm and energized...And now count from 1 to 3....then take a deep breath and open your eyes...So....

One.....Two.....Three.....You have had a good rest, your whole body feels very refreshed. now count from 1 to 3...then take a deep breath and open your eyes when you are ready....

Relaxation Exercise: PROGRESSIVE MUSCULAR RELAXATION (without tensing)

Settle back comfortably. Close you eyes so that you won't be distracted...now start focusing on relaxing the various muscle groups, starting with loosening up the fingers of the right hand...increasing the relaxation there and throughout the entire right hand...and flowing the relaxation to include the right forearm...and now..., the right upper arm...

And now also attending to relaxing the fingers of the left arm...the entire hand...and increasing the relaxation to include the left forearm...and now the left upper arm...so much more relaxed and tension-free in both hands...both forearms...both upper arms...

Take a slow deep breath and slowly exhale, using this method to further the relaxation process...then returning to breathing normally...

Now, while the hands and forearms are relaxed, we'll have you focus on loosening up the forehead...letting any tensions remove themselves, to become wrinkle free...smoothing out the forehead area...and flowing the relaxation across the eyes...and the entire facial area, including the lips and the jaws...much more relaxed, and tension-free in the whole head and facial area... Spreading that relaxation across the neck and shoulders...letting the muscle tension be replaced by a greater sense of relaxation...

And continuing the relaxation across the chest...the stomach...and both legs and both feet...much more relaxed...

Take another slow deep breath, and use this again to remove any last tensions...slowly exhaling and feeling that tension just leave your body...then returning to breathing normally again...so much more loose, relaxed in the entire body...

Take three more of those deep breaths, with the slow exhaling each time to increase the relaxation even further...as relaxed and comfortable as you would like to be...then continuing to breathe normally...retaining the sense of relaxation.

Now feel joy, cheerfulness, energy and strength spread throughout your body....Your body is becoming alert and energetic....Waves of strength, power and energy are moving all through the areas of your body...You are strong...ready to act....powerful....You are master of your body....And now count from 1 to 3...then take a deep breath and open your eyes....So...One.....Two.....Three.....You have had a good rest, your whole body feels very refreshed.

Relaxation Exercise:

"Relax in your chair and make yourself comfortable....Release tension from your body as you concentrate on feelings of relaxation....peacefulcalm....feelings....Turn your attention to your breathing...Focus fully and completely on your breathing.....Imagine that your breathing is as automatic as the ocean waves, rolling inand out...in....and out.....Silently say to yourself, "My breathing is smooth and rhythmic...""My breathing is smooth and rhythmic""My breathing is effortless and calm"....."My breathing is effortless and calm" "My breathing is effortless and calm".....

As you breathe, imagine relaxation flowing over your body, one wave after another...Feel the waves of relaxation moving through you.....through your head.....down your neck and shoulders.....through your chest and down into your arms and fingers....Feel the waves of relaxation moving through your back muscles.....down into your hips and legs and into your feet and toes.

With each wave of relaxation.....feel peacefulness and warmth moving through you as every muscle in your body becomes less tense and more relaxed....You are feeling safe and protected....your body is loose and relaxed.....loose and relaxed..... Wave after wave of relaxation is flowing through your body....Your mind is becoming more and more tranquil, and all of your tensions and worries are slipping away from you as waves of relaxation flow over you.....There is a growing feeling of warmth and heaviness in your arms and legs and a peaceful awareness of your state of relaxation.

Remember how you imagined the waves rolling in and out to help you breathe effortlessly...feel that again as you now imagine your heart beating.....Silently say to yourself, "My heartbeat is calm and regular....." "My heartbeat is calm and regular....." "I feel very quiet, and my heartbeat is calm and regular..." "My whole body is deeply relaxed, and my heartbeat is calm and regular...." "My heartbeat is calm and regular..."

During this deep relaxation, you are going to feel physically stronger and more fit in every way, so that nothing will disturb you and nothing will bother you....As a result of this....you will feel more alert....more wide awake and more energetic, when it is appropriate to you.....and nothing will disturb you and nothing will bother you.....You will continue to feel physically stronger and mentally more secure, so that your nerves will become stronger and steadier, so that nothing will disturb you and nothing will bother you.....your mind will become calmer and clearer.....more composed.....more tranquil, so that nothing will disturb you and nothing will bother you.

Because of this deep relaxation, you will be able to think more clearly and you will be able to concentrate more easily so that nothing will disturb you and nothing will bother you.....As a result, you will be able to see things in their true perspective, without ever allowing them to get out of proportion.....and every day you will become

more emotionally calm and you will develop more confidence in your ability to do what you have to do in a calm and relaxed way.

Everyday you will feel a greater feeling of personal well being..... a greater feeling of personal safety and security than you have felt for a long time.....You will be able to accomplish all the things that deep relaxation makes possible.

Take a deep breath and, as you exhale, relax very deeply and your body can now progressively enjoy more and more complete relaxation in every muscle and cell and your mind delights in calm, clear, peaceful serenity. You are now surrounded by a soothing atmosphere of absolute calmness, protected from danger, protected from any disturbance and protected from fear. Little by little, you become free of fears, free of anxieties, free of thinking and feeling.

You are completely safe and protected and watched over, so that you can release yourself from everything but the enjoyment of this luminous calmness, which surrounds and saturates every cell of your body and supports and protects you. You will be able to recapture this luminous calmness and enjoyment whenever you feel it is most appropriate to do so.

Take a deep breath and slowly let it out...You are feeling calm and secure...peaceful and relaxed...You will be able to create these feelings whenever you do this exercise and each time you will feel more and more relaxed.

Now feel peacefulness, energy and strength flowing through your body....You are becoming more alert and energetic....Waves of joy, power and energy are moving through you....You feel strong...ready to act....powerful....You are calm and energized...And now count from 1 to 3...then take a deep breath and open your eyes....So...One.....Two.....Three.....You have had a good rest, your whole body feels very refreshed.

* Sections of the above script were created from scripts found in the following journals or books:

Davis, M., Eshelman, E.R. & McKay, M., (1995). The Relaxation and Stress Reduction Handbook (4th ed.). Oakland, CA: New Harbinger Publications.

Fanning, P., (1994). Visualization for Change (2nd ed.). Oakland, CA: New Harbinger Publications.

Author to be located - American Journal of Clinical Hypnosis, Vol 25, Numbers 2-3, October 1982 - January

Relaxation

"Relax in your chair and make yourself comfortable....Release tension from your body as you concentrate on feelings of relaxation....peacefulcalm....feelings....Turn your attention to your breathing...Focus fully and completely on your breathing.....Imagine that your breathing is as automatic as the ocean waves, rolling inand out...in.....and out.....Silently say to yourself, "My breathing is smooth and rhythmic...""My breathing is smooth and rhythmic"...."My breathing is effortless and calm"....."My breathing is effortless and calm"....."My breathing is effortless and calm"...."

As you breathe, imagine relaxation flowing over your body, one wave after another...Feel the waves of relaxation moving through you.....through your head.....down your neck and shoulders.....through your chest and down into your arms and fingers....Feel the waves of relaxation moving through your back muscles.....down into your hips and legs and into your feet and toes.

With each wave of relaxation.....feel peacefulness and warmth moving through you as every muscle in your body becomes less tense and more relaxed.....You are feeling safe and protected....your body is loose and relaxed.....loose and relaxed..... Wave after wave of relaxation is flowing through your body.....Your mind is becoming more and more tranquil, and all of your tensions and worries are slipping away from you as waves of relaxation flow over you.....There is a growing feeling of warmth and heaviness in your arms and legs and a peaceful awareness of your state of relaxation.

Remember how you imagined the waves rolling in and out to help you breathe effortlessly...feel that again as you now imagine your heart beating.....Silently say to yourself, "My heartbeat is calm and regular....." "My heartbeat is calm and regular....." "I feel very quiet, and my heartbeat is calm and regular..." "My whole body is deeply relaxed, and my heartbeat is calm and regular...." "My heartbeat is calm and regular..."

As you feel yourself relax...know that you are in control of your choices....you have the choice to be stressed, nervous or easily upset....and you also have the choice to be calm, relaxed, and at ease with your environment....you are choosing now to experience life in a calm and relaxed way and to flow easily with its ups and downs....you are making healthy choices for your body and mind and you are noticing how relaxed you are and how comfortable you feel...how at ease in your environment you feel....It is so much easier to make healthy choices now....to exercise...to eat well....Your old concerns and fears are being replaced by feelings of self-confidence....your are learning that you can be your own best friend...your own coach...teaching yourself day by day, step by step that you are deserving of good things.....of healthy choices,...You are your own coach....taking things slowly....and in small doses....as you build your confidence....you build consistency.....you believe in yourself....You do only what you can do....making changes slowly...having fun along the way...and you begin to see that even little changes add up over time...so you don't give up...you just continue and pick yourself up when the going gets rough because you know you can make things better...one day at a time...one small change at a time...You are choosing to experience life in a calm and relaxed way and to flow with its ups and downs...It is so much easier to make healthier choices now...to be your own coach..... as you feel yourself breathing easily and evenly.....and feelings of peace and calm and confidence flow throughout every cell in your body.

Take a deep breath and slowly let it out...You are feeling calm and secure...peaceful and relaxed...You will be able to create these feelings whenever you do this exercise and each time you will feel more and more relaxed.

Now feel peacefulness, energy and strength flowing through your body....You are becoming more alert and energetic....Waves of joy, power and energy are moving through you....You feel strong...ready to act....powerful....You are calm and energized...And now count from 1 to 3...then take a deep breath and open your eyes.....So...One.....Two.....Three.....You have had a good rest, your whole body feels very refreshed.

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Basic Mantra Meditation Instruction

In starting to meditate, most people notice that a host of thoughts will arise, seemingly out of nowhere. These thoughts can easily distract the meditator from their focus. Such a stream of thoughts demonstrates how difficult it is for the mind to stay centered as in meditation. It may take some time for the meditator to notice that the mind has drifted to other topics. When this happens, the meditator should gently bring the mind back to the object of meditation. This may happen again and again in the course of meditation. Ideally, thoughts should be treated like clouds floating by. The meditator is encouraged to watch their thoughts go by on the screen of consciousness, but not to grasp them and turn them over and start to ruminate about them. Letting thoughts go gradually contributes to stilling and centering of the mind. This process of passive, nonjudgmental witnessing of thoughts is essential for meditation.

The ability to distance oneself from habitual patterns of thoughts and emotions that comes through the practice of meditation allows the meditator to develop a new sense of perspective and mental control. Meditation allows you to feel less buffeted by thoughts and emotions, which can improve well-being.

Preparation for meditation.

Basic position:

Sit in a chair, with your feet flat on the floor, your knees comfortable apart, and your hands resting in your lap.

Back:

Your back should be straight (but not rigid). Your spinal column should directly support the weight of your head. This can be accomplished by pulling your chin in slightly. Allow the small of your back to arch.

Balance:

Rock briefly from side to side, then from front to back and establish the point at which your upper torso feels balanced on your hips.

Mouth:

Close your mouth and breathe through your nose. Let your tongue rest on the roof of your mouth.

Hands:

Your hands can rest comfortably in your lap or on your knees, or they can rest open on your knees with your forefingers and thumbs touching.

Breathing:

With your eyes closed, take several deep breaths and notice the quality of your breathing. Notice where your breath rests in your body. Is it up high in your chest? In the midsection around your stomach? Down low in your belly? During meditation, diaphragmatic breathing is the most relaxing. Allow deep diaphragmatic breaths to center you as you begin to meditate.

Mantra meditation practice:

This is the most common form of meditation throughout the world. Before you begin, select a word or syllable that you like. It may be a word that has meaning for you, like “one” or “peace” or “shalom” or “OM.” You may also use a phrase such as “I am calm.” Once you have chosen a mantra, you should stay with the same sound or word, as it will quickly come to be associated with the experiences and mental focusing of your meditation practice.

Once you have chosen your mantra, find your posture and center yourself. Take several deep breaths and allow all of the day's activities and concerns to wash over you. Just let them pass without allowing them to bother you. Do not hold on to any of them. Begin to focus upon your breath, breathing slowly and naturally. Let your body breathe itself, calmly and slowly. Do not force your breath or hyperventilate. Breathe away any experience of the day that may be distracting or disturbing you. As your mind begins to clear and your breathing begins to take care of itself, sense a greater calmness and relaxation coming over you.

Take a moment to scan your body and become aware of any held tension. Turn your attention to your feet and your legs, up to your abdomen, then to your chest, your arms and hands, shoulders, neck, and head. Let go of any tension remaining anywhere in your body. Continue to breathe slowly, releasing any tension in your back.

Shift your attention back to your breath, which has established its own regular and even pattern. **Begin to focus on a word or sound, your mantra. Let your mantra find its own rhythm as you repeat it over and over again.** Whenever your consciousness wanders from the word, gently bring it back. Continue to focus on this mantra, hearing it over and over again. If you notice any sensations in your body, note the feeling, then return to the repetition of your own special word. If you have any distracting thoughts, just notice them, and then bring your attention back to your mantra. You needn't force it. Let your mantra find its own rhythm as you repeat it over and over again. Maintain awareness of each repetition of each syllable.

At the end of the meditation take a deep breath. Exhale fully and completely and open your eyes. Say to yourself: "I am refreshed and alert."

Arousal reduction review (taken from manual – session 6)

Proceed with arousal reduction, beginning by discussing the patient's recognition of somatic signs of anger and anger precursors. Review and rehearse deep breathing, re-emphasizing the idea of breathing as a natural rhythm of the body and that breathing control helps to establish centering, balance, and harmony of mind and body. Remind them that deep breathing as a relaxation induction can be useful in moderating arousal intensity and be a good beginning for effective behavioral coping. Suggest and rehearse use of anger control imagery (scenes of tranquility, contentment, and happiness) as supplements to breathing and muscle relaxation. Such imagery can be easily imported into consciousness as a way of counteracting anger arousal in circumstances that do not permit the patient to withdraw to full privacy. *Photographs, postcards, and posters of anger-antidote scenes can be used by the patient to facilitate self-control of anger and tension states.* Encourage the patient to develop a set of images of peacefulness and kindness that can counteract anger.

"In the past few weeks, we've talked about a few different ways of calming yourself down. One of the most basic relaxation skills is diaphragmatic breathing – as you already know. Breathing is a natural rhythm of the body and deep breathing can create a sense of balance and harmony of mind and body.

Deep breathing can be especially helpful to calm you down in situations where you feel yourself getting angry.

Another technique that a lot of people find helpful is the use of tranquil imagery, like pictures, or postcards. You can use scenes like that to help you calm down when you're feeling tense or angry."

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Supportive Intervention Manual

**Adapted for use in USAMRC #PR 04347 “Treatment of PTSD-related Anger in Troops
Returning from Hazardous Deployments”**

October 10, 2005

Overview of Manual

This manual was devised to guide therapists to implement a brief present-centered, supportive therapy program for posttraumatic stress disorder (PTSD) symptoms following various types of trauma. The treatment includes the following procedures:

- Education about responses to trauma and PTSD symptoms, with particular attention to anger and irritability. One goal of this psychoeducation is to normalize the associated features as well as the symptoms of PTSD. Another goal is to develop a framework for the ongoing focus of the sessions, targeted at increasing awareness of the manifestations of PTSD-related themes in the individual's day-to-day life, and increasing mastery and ability to cope with such issues.
- Daily self-monitoring of stressors and problems
- Active problem-solving of day-to-day difficulties
- Relaxation skills training

A critical element will be the approach of the therapist, which should be characterized by support and empathic acceptance throughout the treatment.

Rationale for Supportive Intervention:

The purpose of the Supportive Intervention (SI) is to provide a clinically relevant comparison condition for the Cognitive Behavioral Intervention (CBI) under investigation in USAMRC #PR 04347, representing the essential therapeutic factors of individual treatment. Whether treatment of PTSD-related anger requires a cognitive-behavioral approach focused on anger is a critical question for the field.

The SI and CBI conditions are different in several key ways. The SI is less structured; the patient has more input into the agenda of the sessions. While patients in this condition will learn basic relaxation techniques, they will not be instructed in specific cognitive strategies for dealing with anger, and they will not receive inoculation training.

The critical difference between the conditions concerns the focus on anger explicitly, and the use of cognitive and behavioral techniques focused on anger. Instead, the focus of the SI is on managing behavior and feelings in current day-to-day life. The SI focuses on problem solving around difficulties resulting from PTSD symptoms, particularly anger and irritability.

The SI interventions are focused on helping the patient learn to lower his/her arousal level, identify patterns in his/her current feelings and behavior that have resulted from his/her history of traumatic experience, and to develop new responses that are more realistically appropriate to

his/her current situation. The **goal** is to develop and apply a broader framework for understanding the consequences of trauma and PTSD symptoms, so that the patient can recognize more clearly where his/her vulnerabilities lie and, with practice as well as with support from the therapist, improve his/her level of functioning.



Three overarching goals of treatment:

- Provide emotional support within the context of a trusting therapeutic relationship
- Increase the patient's mastery
- Increase patient's ability to utilize relaxation skills to lower heightened level of arousal

Therapist Behaviors:



Active Listening
Encourage Expression of Feelings
Problem-solving to Enhance Coping
Teach relaxation skills

In general, when interacting with the patient, the therapist should exhibit an attitude of warmth, calmness, empathy, and firm consistency. S/he must be personally involved yet professionally objective. The goal of the treatment is to help the patient return to his/her optimal level of functioning and resume normal life activities. This is accomplished by normalizing his/her responses to the trauma, providing empathic support, and helping him/her work through current problems in his/her life.

The following statements are exemplary of the supportive therapist:

- "I want to understand how you are feeling and what you are thinking."
- "I don't want to give you a solution to your problems. I want to explore those problems with you and help you clarify them in your own mind, trusting you can work through your own problems."
- "I want to share with you my perceptions of what you have told me." (i.e., reflections, not judgments)

- "I want to suspend my value judgments of your feelings and fully accept you as you are. I will not agree or disagree with what you say. I will only tell you what I perceive that you are expressing and experiencing."

The following therapist behaviors are desirable and appropriate:

1. Teach Relaxation Skills: Most patients seeking treatment in this research study will experience a heightened level of arousal, including hypervigilance, physiological tension, and high levels of stress, anger, and irritability. An important piece of this treatment is teaching the patients how to manage their increased arousal through regular practice of relaxation skills.

2. Encourage problem-solving and application of formerly used or new coping methods:

a. The therapist should assist the patient to:

- 1) Identify and define the problem requiring a solution
- 2) Brainstorm.
 - a. Generate as many possible solutions as the patient can think of.
 - b. The therapist may suggest ideas that the patient has not proposed if necessary (especially in earlier sessions), but may not suggest the specific strategies used during CBI or other cognitive-behavioral treatment (see below, under proscribed therapist behaviors)
- 3) Evaluate the utility of the various solutions generated
- 4) Choose a plan

b. The therapist should encourage the patient to:

- 1) Implement the plan
 - 2) Evaluate the effectiveness of the chosen solution in resolving the problem
- implicit in these steps is that the therapist encourage decision making
 - This method is not to be taught in a rigid, formal manner; rather, the therapist should ask appropriate questions (e.g., "That's a possibility. How do you think it would help?"), encouraging the patient to apply these steps to specific issues that s/he raises as unsolved problems.

3. Use active listening: The therapist listens without interrupting, looks at the patient attentively, acknowledges that s/he has heard ("I see," "Uh-huh," "Mmm"), checks by repeating, paraphrasing or asking questions, and invites the patient to say more.

The phrases listed below are characteristic of active listening.

- "You seem to be saying..."
- "You seem to feel..."
- "I think I hear you saying..."
- "You wish. . ."
- "It seems (sounds) like..."
- "When ____ you seem to feel ____."
- "I'm not sure I understand. Can you repeat that for me?"

- "What you are saying is...."

4. Encourage expression of feelings: Note that asking the patient how s/he feels in the moment may be a good way to redirect discussion from the past to the present.

- "You look upset now. Can you tell me about it?"
- "It sounds like you were feeling scared (or angry, afraid, ashamed, guilty)"
- "How did you feel then?"
- "That must have made you feel...."
- "How does it feel to talk about ____ right now with me?"

Although the therapist must not initiate discussion of the actual trauma experience, it may be discussed in a thematic, normalizing, and psychoeducational manner if the patient expresses emotional reactions that have surfaced in his/her day-to-day life. These reactions may be particularly evident in current situations that elicited memories of the trauma experience. For example, such a discussion may occur following a patient's fear and difficulty driving to the store on the same road where his/her terrible car accident occurred. In such a case, help the patient understand his/her feelings are normal given what s/he has been through. They are adaptive to the extent that they make him/her less likely to go into a dangerous situation, but they are getting in his/her way because the fear is preventing him/her from living his/her life as s/he would like to.

5. Provide accurate information: Provide useful information to the patient or refer him/her to appropriate sources of information. Topics requiring information may include medical, legal, sexual, emotional, and practical day-to-day living problems.

6. Praise liberally: Praise the patient for his/her efforts to express feelings appropriately, make independent decisions or undertake an action to solve a trauma-related problem. Emphasis should be on the patient's efforts to act on his/her own behalf. Excessive dependence on others should be discouraged.

7. Encourage contact with supportive others: This may include friends, family, teachers, and co-workers whose understanding or aid is needed. Familial tensions regarding the trauma and resulting communication difficulties are appropriate topics for discussion and problem solving during sessions.

Proscribed behaviors



The following therapist behaviors are inappropriate and should be avoided:

- Passive listening without responding
- Overt advice-giving and instructions to carry out a particular "homework" assignment (except for the Daily Diary)
- A challenging rather than supportive approach to clarifying feelings and making effort to resolve problems
- Judgmental statements such as "You really shouldn't have..."
- Putting words into the mouth of the patient (e.g., completing sentences for him/her)
- Direct use of CBI strategies, such as inoculation training, anger diaries, and cognitive restructuring.
- Direct use of imaginal or in *vivo* exposure techniques or instructions to practice exposure techniques at home
- Directing the patient to describe, imagine, or relive the memory of the traumatic experience (an exception to this occurs in Session 1 when the therapist asks the patient to "briefly" describe his or his/her trauma in the Trauma Discussion)

Responding to trauma references:

As noted above, SI is less structured and the patient has more input into the agenda of the sessions. Because the patient will initiate many of the topics discussed, there is more of an opportunity for trauma material to be raised. This treatment's focus is on current issues and not past, traumatic issues, and therefore, the patient should gently be redirected away from discussing the past and back to current concerns. The reason for this is to keep the SI and CBI treatment conditions parallel since both treatments will focus on current, not trauma-related issues. However, it is important that the patient does not unintentionally get the message that the therapist does not appreciate the importance of the traumatic material, or that they are afraid of or don't want to hear about it. So it is important to make the reasons why the therapy will not include discussions of trauma clear from the beginning, and to check whether the reasons for the limits on talking about the trauma make sense to the patient. The more the patient understands and accepts the reasons for a present focus and avoidance of traumatic material at the start of treatment, the easier it will be to keep the therapy present focused.

The therapist is not to initiate discussion of the actual trauma experience. If the patient brings it up, the therapist should attempt to gently refocus the patient on current problems or difficulties. See below for specific suggestions on how to do this.



You may acknowledge the trauma in the context of the patient's expressing emotional reactions that surface in his/her day-to-day life. These reactions may be particularly evident in situations that elicit memories of the trauma

experience. In other words: You may make the connection between the current emotional reactions and the trauma as a way of helping the patient to see the influence of past trauma on his/her current life reactions. This linking or acknowledgement is insight-oriented and brief, in contrast to reliving or describing the traumatic event in detail.

Ways to Redirect The Patient :

Talking about PTSD symptoms may unintentionally lead into discussion of the patient's own trauma (for example, talking about intrusive thoughts or flashbacks could lead into discussion of the content of those memories). If disclosure of a traumatic event begins, the therapist should tactfully shift the discussion back to current experiences. It is important to keep the patient focused in a positive and supportive manner rather than abruptly interrupt him/her when s/he is making the disclosure.

The therapist may make this shift directly or indirectly. For example, you may say:

“So, in what ways does this relate to what's happening in your life right now?”

The therapist may encourage the patient to express his/her feelings in the moment:

“What's it like for you to talk about this right now? You seem a little [*anxious, upset, etc.*].

If appropriate, you could follow up on the above and help the patient make connections between these feelings and the current problems s/he is reporting in sessions and in diaries:

“I wonder if the ____ feelings you're having right now, from talking about these experiences, are similar to what happens when you ____ [*get in a car, have a fight with your partner*]

Overview of the Treatment Sessions

This treatment will consist 14 sessions, each lasting approximately 75 minutes.

Session 1: The main goals of this session are to get to know the patient better, discuss the study with the patient (including the logistics and the rationale), review limits of confidentiality, gather more information about the veteran's presenting problems if necessary, and explore possible safety concerns (SI, HI, weapons, etc.).

- E. Present an overview of the program
 - Confidentiality
 - Description of study and treatment approach
 - Answer patient's questions or concerns
- F. Complete Patient History Questionnaire

- G. Introduce relaxation strategies
- D. Assign homework

Session 2: The main goals of this session are to provide **psychoeducation** and further instruction on relaxation strategies.

- A. Discuss reaction to the first session and homework (go over HW at end)
- B. Present agenda for the session
- C. Educate patient about common adjustment problems following hazardous deployments including stressors associated with redeployment, and PTSD symptoms
- D. Review Homework from last week
- E. Introduce Progressive Muscular Relaxation
- F. Assign homework

Session 3: The main goals of this session are to complete psychoeducation regarding anger, explain the treatment rationale, and continue relaxation training.

- A. Discuss reaction to the first session and homework (go over HW in detail at end)
- B. Present agenda for the session
- C. Complete psychoeducation regarding anger/arousal and PTSD
- D. Provide rationale for treatment program
- E. Review homework (progress on PMR and Breathing)
- F. Introduce Guided Imagery
- G. Assign homework

Sessions 4- 13: The main goals of these sessions are to provide a supportive, trusting relationship and to increase the patient's sense of mastery. Mastery may be facilitated by helping the patient better understand the ways in which his/her PTSD symptoms are related to ongoing difficulties, by identifying more clearly the areas that are causing problems, and by problem-solving around more adaptive ways of thinking about and responding to difficulties.

- A. Setting the stage
- B. Daily diary review
- C. Develop agenda for session
- D. Problem-solving focused on difficulties identified by patient
- E. Assign homework

Session 14: The main goals of this session are to review progress, process termination issues, and discuss follow-up evaluations.

- A. Review past week
- B. Review progress in treatment
- C. Discuss Follow-up Assessments
- D. Terminate therapy: saying goodbye

How to Use this Manual

The manual is organized by sessions. Each section begins with a brief outline of what will be covered in that session followed by a more detailed explanation. Most text represents specific instructions to the therapist. Indented text in this font style represents examples of how the material could be presented to the patient. It is not intended to be a word-for-word script for what should be said in session, but rather a guideline.

Certain symbols should call your attention to particularly salient sections:



Goals



Critical points to be aware of



Proscribed behaviors

Important Note: This manual was designed for use with patients who have PTSD symptoms resulting from various types of trauma occurring during combat or other warzone experiences. Thus in the manual the precipitating event is typically referred to by the general term “the trauma.” Wherever possible, refer to the specific traumatic event by name (e.g., firefight, bombing, etc.) rather than using the more general term “trauma.”

Supportive Intervention

Session 1

NOTE: It is important that you take some time before Session 1 to review the patient's assessment folder and familiarize yourself with the veteran's history, etc.

The main **goals** of this session are to get to know the patient better, discuss the study with the patient (including the logistics and the rationale), review limits of confidentiality, gather more information about the veteran's presenting problems if necessary, and explore possible safety concerns (SI, HI, weapons, etc.).

- A. Present an overview of the program (15 minutes)
 - Confidentiality
 - Description of study and treatment approach
 - Answer patient's questions or concerns
- B. Complete Patient History Questionnaire (40 minutes)
- C. Introduce relaxation strategies (15 minutes)
- H. Assign homework (5 minutes)
 - 1. Listen to relaxation tape daily
 - 2. Complete Handout 1.2

A. Present Overview of Program and Treatment Procedures Used

"Today is our first session together and there are a number of things I would like to cover. First, I will explain the goals of the program to you and talk with you about what we will be doing as we work together. Then, I would like to spend the remainder of the session getting to know you by asking you some questions about your history, including your past experiences and current situation. Then I will introduce a relaxation exercise and give you a brief homework assignment"

Discuss Confidentiality

Therapists should note both

- (1) the exceptions to confidentiality for clinical reasons
 - a. Legal responsibility
 - 1. Danger to self
 - 2. Danger to other(s)
 - 3. Abuse of a minor child, an elderly person, or handicapped person.

- b. The therapists will also record patient's attendance as part of the treatment study in the medical file (progress notes in computer), and any relevant safety issues.
 - c. The therapist will share relevant information with other members of the patient's treatment team, in the interest of coordinating good clinical care.
- (2) the protection of confidentiality of material such as audiotapes and assessments that are related to the research needs.
- a. Patients will have previously been informed about the procedures for audio taping and protection of this material, but it should be repeated here:
 - 1. Study records are coded
 - 2. Audiotapes of the sessions will be kept in locked storage with access restricted only to essential study personnel.

Ground Rules/ Boundaries

1. Discuss the **collaborative nature of the treatment**. This is a joint effort to solve any problems s/he has.
2. Ending the session early
 - a. If the session is becoming too difficult for the patient, then both the therapist and the patient have the right to **pause the session and/or take a break** without offending the other person.
 - b. The patient has the choice to **withdraw from any session at any time**.
3. The patient is encouraged to **ask questions or raise issues at any time**.
4. If the patient is drifting **off task**, or is **avoiding** the work of the session, the therapist will point this out clearly.

Description of Study and Treatment Approach

Cover these points to orient the patient to the treatment program

Goal of research

- learn more about what kinds of treatments are most helpful for adjustment following a hazardous deployment, with an emphasis on managing problematic anger

Goals of research

- learn more about what kinds of treatments are most helpful
- find out whether PTSD symptoms, particularly anger and irritability, improve more with a supportive intervention that focuses on present issues and functioning, or with a treatment that directly targets the anger and irritability using cognitive behavioral strategies
- determine if one approach is better for some people, and the other better for others

Focus of the supportive intervention

- coping with day-to-day difficulties and problems
- managing negative emotions (depression, anger, anxiety)
- handling work-related stressors
- improving interpersonal relationships
- lowering heightened arousal levels

Treatment Strategies

- acknowledging significance of the past and the profound impact traumatic experiences have on trauma survivors
- providing education about PTSD symptoms, specifically anger and irritability, and common reactions to trauma
- increasing understanding of how PTSD symptoms are related to ongoing difficulties
- identifying more clearly the areas that are causing problems
- problem-solving about other ways of thinking about and responding to problems
- teaching relaxation skills

Structure/Format of Sessions

- 14 sessions
- 75 minutes each
- one session per week
- ideally completed in about 14 weeks

Stress the importance of regular attendance at sessions. Establish a set meeting time and indicate that s/he can discuss any necessary changes as needed.

Answer any questions

B. Patient History Questionnaire

See **Appendix 1.1**

C. Introduction to Relaxation Strategies

1. It is important at this early stage to engage the patient in a discussion about his/her awareness of the differences between being uptight or tense and calm and relaxed.

“As we’ll talk about in more detail next session, a big part of the experience of anger is physiological arousal. That is, when you are angry, you often feel a lot of tension in your body. For example, your heart rate may increase, your muscles may tense, your breathing may become more shallow, etc. This may be especially true for people who have lived in a combat zone for extended periods of time and have experienced this hyperarousal on a daily basis.

Many people bring this hyperarousal home with them and continue to feel watchful/on guard and on edge. Has this been your experience (increased sense of hyperarousal)?

Part of this treatment will involve becoming more aware of what is going on in your body (the amount of tension), and learning to lower your overall tension level. This may be especially useful for dealing with anger because if we can lower our arousal level, we are better able to think clearly about a situation. I'm sure you've heard of the example of counting to 10 before reacting. This makes sense because it gives us time to calm down before responding to a situation – while counting to 10, our arousal level will likely drop and our response may be more thoughtful. Does this make sense?

So, the first thing I'd like to do is go over an example of something that may influence our tension levels..."

- a. Ask about **what music s/he likes** listening to and **why** s/he likes it
- b. Prompt the patient to explain **how s/he feels** when listening to the favorite music
- c. Ask if the patient notices feeling more calm or relaxed after listening to the favorite music
 - The learning point is that **attending to/concentrating on certain things can affect how we feel**. That is, we have some choice and can begin to control how we feel.

2. Relaxation Training

"Over the next several sessions, I'll be introducing to you a variety of relaxation strategies and we will record each one on a tape. Please use the tape to practice these relaxation tools between sessions and bring the tape to future sessions so we can record additional strategies on the tape for you to use at home. Let's start with the first relaxation strategy."

- a. Ask the patient to **complete the top of Handout 1.1: Tension Meter** and review it with him/her.
- b. Complete relaxed breathing exercise (**Appendix 1.2**). Record breathing exercise on patient's relaxation tape.
- c. **Complete bottom of Handout 1.1: Tension Meter** and review any changes.

D. Assign homework

1. Listen to relaxed breathing tape at least once daily and have patient bring this tape to the next session.
2. Complete **Handout 1.2: Ways of Dealing with Feeling Tense / Uptight**

Session 2

Goal: The main goals of this session are to provide **psychoeducation** and further instruction on relaxation strategies.

- A. Discuss reaction to the first session and homework (go over HW at end) (5 minutes)
- B. Present agenda for the session (5 minutes)
- C. Educate patient about common adjustment problems following hazardous deployments including stressors associated with redeployment, and PTSD symptoms (30 minutes)
- D. Review Homework from last week (5 minutes)
- E. Introduce Progressive Muscular Relaxation (25 minutes)
- F. Assign homework (5 minutes)
 - 1. Listen to Relaxation Tape Daily
 - 2. Review Handout 2.1

A. Discuss Reaction to Last Session Ask the patient how s/he felt about the first session and generally how homework went (will be reviewed in more detail later).

B. Present Agenda For Session

- Discuss the usual/common problems associated with returning from a hazardous deployment
- Review the homework from last week.
- Complete relaxation training of a new relaxation technique for him/her to practice at home.

C. Complete Discussion of Common Problems Experienced Post-Deployment

1. Educate the patient about common problems experienced following hazardous deployments.
 - a. make this an interactive dialogue between you and the patient
 - b. avoid lecturing to the patient
 - c. encourage the patient to discuss his/her feelings, thoughts, and behaviors since returning home
2. Discuss the adjustment difficulties in context vis-à-vis common reactions to traumatic experiences (i.e., deployment).
 - a. reassure the patient that these problems need not be viewed as atypical or pathological reactions
 - b. encourage the patient to view his/her present state as the result of a response to trauma that was adaptive at the time but that is currently causing problems in his/her life.

3. Review the following areas:

a. **Common stressors experienced while deployed** (which can be experienced as traumatic):

"War zone deployments often involve numerous challenges for military personnel that may result in physical and/or psychological illnesses and injuries. Some of the stressors commonly experienced on hazardous deployments include (summarize the following in own words):"

- exposure to combat and life-threatening situations
- environmental and climatic extremes
- infectious diseases
- non-battle injuries
- toxic environmental exposures
- exposure to extremes of human suffering
- death of military members and civilians
- worries about home, finances, or family problems.
- others they experienced not mentioned here?

1. Explain that individuals exposed to these extreme stressors frequently experience psychological complications including clinically significant anger, depression, and anxiety (e.g., PTSD).

b. **Common stressors experienced following return home:**

"In addition to the stressors faced during deployment, some military personnel will face new challenges in making the transition from war-zone to home. These may include:"

- coping with the psychological and/or physical aftermath of deployment
- feeling "different," not fitting in, being bored/irritated with civilian life
- financial difficulties
- work- (or school-) related stress
- renegotiating family roles

1. For those suffering from psychological complications secondary to deployment, coping with these new stressors upon return may be particularly difficult and may create new problems in occupational and social functioning.

c. **Common psychological symptoms experienced as a result of deployment:**

"The most common psychiatric complication following being in a combat zone is Posttraumatic Stress Disorder or PTSD. Although you may not have

full-blown PTSD, it is likely that you have some or many of the symptoms. While some people may know a lot about PTSD, others may not be clear about what it is, or may have questions. In addition, there is often misinformation about what PTSD is, so I want to take some time today to make sure you have an accurate knowledge of PTSD, and give you time to ask whatever questions you may have."

Onset

"In general, PTSD is a name for a group of symptoms that are commonly experienced after being exposed to life-threatening situations or witnessing horrible events. It is associated with military combat as well as nonmilitary events—for example, earthquakes and other natural disasters, physical or sexual assault, or even a car accident. In general, the worse or the more prolonged the exposure, the more symptoms people have. For some people, the symptoms get better over time. For others, they don't. Sometimes the symptoms arise immediately after a traumatic event, but in other cases, the symptoms can take months, years or even decades to surface.

Changed World View

"To begin, PTSD is a normal emotional and psychological response to trauma, or a painful/shocking experience - like being in a combat zone. After experiencing trauma, many people feel that their lives have changed or they have changed and will never be the same. The world or other people may seem dangerous and unpredictable. And, very often survivors of trauma feel lonely and misunderstood by others. Often trauma survivors are told to "get over it" or "forget about it" and may feel that others do not want to hear about the upsetting incidents. That is why learning about PTSD symptoms, and talking about what makes life difficult as a result of these symptoms with others who can and want to understand, is important."

"Now I want to discuss with you many of the common reactions of people who have undergone a severe trauma. Although each person responds in his or her own unique way, you may find that you have experienced many of these reactions."

4. Discuss the above symptoms and associated problems in detail.
 - a. below is an outline to guide your discussion
 - b. present the material in any logical order.

Posttraumatic Stress Disorder (PTSD)

8. Traumatic event with response of fear, helplessness, and/or horror
9. Re-experiencing
 - a. Flashbacks
 - b. Nightmares
 - c. Intrusive thoughts
10. Hyperarousal
 - a. Concentration
 - b. Agitation/Anger, jittery
 - c. Feeling overly alert
 - d. Easily startled
 - e. Trouble sleeping
 - f. Bodily sensations of arousal
11. Avoidance
 - a. Of certain places or activities
 - b. Of thoughts or feelings associated with trauma
 - c. Memory gaps about trauma
 - d. Emotional numbness
 - e. Detached from people

Associated Features

5. Panic Attacks
6. Depression
7. Loss of control, fears of going crazy
8. Guilt and shame
12. Self-image (related to guilt)
13. Relationship problems
14. Sex and physical intimacy
15. New trauma can remind you of previous traumas or negative experiences
- 16. Anger (Go into more detail about anger/hyperarousal)**

"As you can see, feeling anxious and hyperaroused is a primary concern for people who have experienced trauma, and these emotions can interfere with your ability to cope with stress. Therefore, an important aspect of this treatment will be learning and practicing relaxation strategies."

D. Review homework from Week 1.

1. Inquire about relaxation practice at home between sessions
 - a. check on frequency and success of home practice
 - b. encourage and praise patient for practice that was completed

c. review importance of daily practice

2. Handout 1.2: Ways of Dealing with Feeling Tense / Uptight

- a. inquire what the patient learned from this exercise
- b. if patient did not complete the handout, do it together during the session

E. Relaxation Training

“Last week, you learned how to use breathing as a strategy to bring on relaxation. Now, we will be doing an exercise that will help you learn how to notice when you are tense, especially your muscles, and how to let that tension go.”

- Ask patient to **complete top of Handout 2.1: Tension Meter**
- Introduce PMR (see **Appendix 2.1**) Record PMR exercise on patient’s relaxation tape.
- Ask patient to **complete bottom of Handout 2.1: Tension Meter**
- Review patient’s experience with this relaxation exercise

F. Assign homework

4. Listen to relaxation tape at least once per day and try to take note of muscle tension as often as possible. Have patient bring relaxation tape to next session.
5. Read **Handout 2.2 Effects of Traumatic Experiences** handout. Share with family member(s) / others if appropriate

Note to Therapist: Leave about 5 minutes at the end of the session for discussion about how hearing this information affected the patient.

1. You may inquire whether s/he learned anything new or if any mistaken pieces of information got corrected.
2. Encourage patient to discuss and respond to any general reactions to the therapy and specific reactions to the material presented.

Session 3

Goals: The main goals of this session are to complete psychoeducation regarding anger, explain the treatment rationale, and continue relaxation training.

- A. Discuss reaction to the first session and homework (go over HW in detail at end) (5 minutes)
- B. Present agenda for the session (5 minutes)
- C. Complete psychoeducation regarding anger/arousal and PTSD (15 minutes)
- D. Provide rationale for treatment program (15 minutes)
- E. Review homework (progress on PMR and Breathing) (5 minutes)
- F. Introduce Guided Imagery (20 minutes)
- G. Assign homework (10 minutes)
 - 1. Listen to relaxation tape daily. Practice relaxation strategies as often as possible.
 - 2. Review Handout 3.1: Anger Curve and Handout 3.2: Education on Anger and Trauma
 - 3. Begin using Daily Diary (Handout 3.4)

A. Discuss patient's reaction to the second session and homework Ask the patient how s/he felt about the second session.

B. Present Agenda For Session

- Complete psychoeducation about the ways in which anger and arousal are associated with surviving trauma
- Provide rationale for treatment program
- Review homework from Session 2
- Continue relaxation training (introduce guided imagery)
- Assign homework

C. Complete psychoeducation regarding anger/arousal and trauma/PTSD

"Now I want to spend some more time talking about the relationship between trauma exposure and subsequent problems with anger. For starters, there is a lot of research that shows that people who have experienced traumas report problems with anger. There are several reasons why anger may be particularly problematic for people who have been in a war zone:

1) After several months in a war zone, you and your body learn to be hypersensitive to any potential threats (ask for/provide examples). While over there you were probably scanning your environment for danger at all times and had a quick and aggressive response to any potential threats. This response can help a person survive by mobilizing all of his or her attention, thought, brain energy, and action toward survival. Those instincts serve you well in a combat zone but the problem is your brain and your body don't always know how to turn

off that response when you come home. Recent research has shown that these responses to extreme threat can become "stuck" in people with PTSD. This may lead to what we call a "survival mode response" where you are more likely to react to situations with "full activation," as if the circumstances were life threatening, or self-threatening. This automatic response of irritability and anger in individuals with PTSD has been found to create serious problems in the workplace and in family life. It can also affect your feelings about yourself."

1. Ask for the patient's thoughts about this information and his/her experience with survival mode responding.

2. "Another likely contributor to excessive anger and irritability is the general hyperarousal that people often experience after being on a hazardous deployment. This ties into your body not relaxing after being on guard for so long. You may have found that you have had trouble sleeping since you've gotten back and/or have felt on edge, easily startled or agitated. This general hyperarousal and decreased sleep can cause you to have much less patience, and to make it difficult to cope with day-to-day stressors. "

2. Present **Handout 3.1: Anger Curve**

a. Explain that all anger isn't "bad."

1. anger can provide us with important feedback that something isn't right and motivates our behavior.

2. it's the high frequency and high intensity anger that is often the problem.

b. explain that as a result of the general hyperarousal, at baseline, they may be at a 25 or a 50. Therefore, it takes less for them to get up to a 75 or 100, the point at which anger feels out of control.

"If you put that together with your propensity to respond to "threats" with excess anger and aggression, as if you were in combat/danger ("survival mode responding"), your responses may begin to interfere with your every day functioning and relationships. Have you found this to be the case?"

3. Give the patient **Handout 3.2: Education on Anger and Trauma**

a. tell the patient that this handout provides more information on the relationship between anger and trauma

b. ask patient to review it at home.

"As we mentioned last session, learning and practicing relaxation strategies are an important part of this treatment because hyperarousal and anger are such common experiences following trauma and they can interfere with your ability to cope with stress. At the end of this session, we will be reviewing another relaxation strategy that may be helpful for you. However, first let's talk more specifically about how this treatment will help you."

D. Rationale for Treatment Program:

1. Present the patient with the following rationale for Present-Centered Therapy.

- This is a guide. Feel free to use your own words:

"You can see from this discussion we've been having that the PTSD symptoms and the problems you've been struggling with are not uncommon for someone who has experienced a trauma. A trauma is an unexpected, unusual, and highly disruptive event in one's life.

Thus it is normal for those who have suffered a trauma to experience the feelings you are having. In this state, people usually feel high levels of distress and strong emotions and don't feel like they can change the source of that distress.

This treatment is designed to help you with these problems. Let's talk more specifically about the goals of this treatment. It is important to understand the rationale underlying this treatment approach so you can get the most out of it."

2. Review **Handout 3.3: Rationale for Present-Centered Therapy** with the patient.

- a. Answer any questions and make sure s/he understands the rationale.

So, the first thing we will do is to help you understand your current problems in the context of the PTSD symptoms we have just discussed. For example, if you have been getting into more arguments than usual, it may help to know that a common reaction to experiencing traumatic experiences is irritability. We will not be discussing your trauma. What you have the power to change now is the present. The second thing we will do here is to focus on the current difficulties you are having and on ways you can better manage them.

Starting today, I will ask you to monitor and record your activities and any problems or difficulties that you encounter in a daily diary. It is important that you bring this diary to each session because it will help us focus on the main concerns in your life right now. As the handout states, we will be working to help you (1) reduce your high arousal level, (2) clarify your feelings, (3) figure out useful coping strategies, and (4) problem-solve, or help you to find a

solution to these problems. Our goal is to help you return to your best level of functioning.

How does that sound to you? Any questions?"

3. Answer any questions or respond to concerns expressed by the patient before proceeding.

E. Review homework from session 2

1. Inquire about relaxation practice at home between sessions (Breathing and PMR)
 - a. check on frequency and success of home practice
 - b. encourage and praise patient for practice that was completed
 - c. review and correct technique as appropriate.
 - d. review importance of daily practice
2. Review what the patient learned from reading **Handout 2.2 Effects of Traumatic Experiences** handout.
 - a. ask if the patient shared it with family member(s) / others
 - b. if the patient did not read it, ask him/her to read it this week between sessions

F. Introduce Guided Imagery

1. Introduce Guided Imagery (see **Appendix 3.1**) and record Guided Imagery exercise on the patient's relaxation tape.

G. Discuss Monitoring with Daily Diary

1. Give the patient **Handout 3.4: Daily Diary** and review the handout

"Here is the diary I will be asking you to record in each day. Notice that you fill in the date and time for each entry, followed by a brief description of the activity or event that was stressful. Give a brief description of what the problem was and what you felt when it happened. We will begin all future sessions by reviewing your diary, and I will ask you to select the problems or situations that you want to work on in that session. In our sessions, we'll be discussing how your everyday life problems are directly or indirectly related to the trauma, and we'll be considering ways to solve them. Let's practice with an example from your recent experience."

2. Give an example of such a problem-solving effort using a situation that the patient described as problematic in either this or the first session
 - a. if necessary, make up an example, but tailor it to the experience of the individual patient.
 1. The following is an example which should only be used if the patient is unable to generate one independently. Be sure to alter the details to fit the

circumstances for this patient.

"Suppose you had to go to the drug store to get a prescription filled because your 4-year-old son was ill. You didn't have the car that day and were afraid to go alone to the drug store. How could you handle this problem?"

3. Work with your patient to generate possible solutions to the particular situation and then to evaluate each one.
 - a. as you work through the problem, fill in the first entry of the diary with the patient
 - b. keep the focus on
 1. helping the patient see how everyday problems may be seen in the context of symptoms of PTSD
 2. developing problem-solving skills that may help the patient increase self-efficacy in the face of current difficulties.

G. Assign homework

1. Listen to relaxation tape daily. Practice relaxation strategies as often as possible. Have patient bring relaxation tape to next session.
2. Review **Handout 3.1: Anger Curve** and **Handout 3.2: Education on Anger and Trauma**
3. Complete Handout 3.4: Daily Diary

Sessions 4-13

Please Note:

Session 4: Remind the patient that this is the first session that will focus on specific problems and issues in his/her present life. Unlike the previous three sessions, the agenda will follow the patient's priorities, and not contain specific treatment-regulated agenda items. Most of the remaining sessions will be like this.

Session 11: acknowledge that the treatment will be ending soon.

Session 13: facilitate scheduling of post-treatment evaluation



The main **goals** of these sessions are to provide a supportive, trusting relationship and to increase the patient's sense of mastery. Mastery may be facilitated by helping the patient better understand the ways in which his/her PTSD symptoms are related to ongoing difficulties, by identifying more clearly the areas that are causing problems, and by problem-solving around more adaptive ways of thinking about and responding to difficulties.

- A. Setting the stage (< 5 minutes)
- B. Daily diary review (10 minutes)
- C. Develop agenda for session (5 minutes)
- D. Problem-solving focused on difficulties identified by patient (45-55 minutes)
- E. Assign homework (5 minutes)



A. Setting the Stage

Review the format for the session with the patient:

- Brief review of diary items
- Ask patient to choose which items s/he would like to discuss first and which items s/he definitely wants to cover.

B. Daily Diary Review

1. If the patient brought a completed diary to the session
 - a. Read through the diary aloud and review each entry of the diary with the patient.
 - b. Give him/her lots of praise for completing and bringing in the diary.
 - c. Give support and empathy for difficult events.
 - d. Explain that you will discuss each selected diary event in detail once the agenda for the session is set, but that at this time, you will **briefly** review every diary entry (and therefore not discuss each event in detail right now.)

This process accomplishes several things:

- Gives you an overview of how things have been in the past week
- Identifies general problem areas—prominent PTSD themes—for this patient that you will be looking for in the specific issues you discuss
- Helps him/her feel that s/he has accomplished something difficult that will be very important in treatment.

2. If the patient forgot to bring the diary:

- a. Ask patient to verbally list the major problems and issues that arose during the last week.
- b. Have the patient write these on a blank copy of the diary.
- c. Give the patient support for what s/he provides as well as for coming to the session and working on his/her problems
- d. Encourage the patient to fill in the Diary at home, not for your benefit, but for his/her own benefit because it will help him/her make more treatment gains
- e. As needed, explore his/her feelings about having the Diary be a part of treatment.
 1. If the patient expresses concerns, encourage him/her to try it and you can address concerns afterwards.

C. Develop Agenda for Session

"Today we will spend the rest of the session discussing in greater detail some of the problems you've recorded in your diary. Which of these things would you like to start with? Which do you want to make sure we cover in today's session?"

D. Problem-solving and support

Because the therapy focuses on the immediate concerns of each patient, it is not possible to specify exactly what will take place in a given session. Rather, the therapist will follow the lead of the patient, concentrating attention to the patient's specified issues of particular concern from session to session.



Please refer to introduction of this manual, especially to sections on Therapist

<u>Behaviors and Special Issues.</u>

Therapists should try to do two things:

- (1) Connect the current problem to PTSD symptoms, if appropriate.
- (2) Help the patient problem-solve with the current issue.
 - a. Use the Daily Diary to assist in both these endeavors.
1. Try to connect the problems noted with PTSD symptoms, in particular with anger, irritability, and hyperarousal when appropriate. For example, given a stated problem involving anger, the connection might be noted as follows:

"As we have discussed, feelings of anger and difficulty controlling anger are very commonly associated with PTSD. Possible explanations for this include the initial adaptiveness of reacting with anger, possible biochemical changes, the experiences of betrayal for many, and so on. So we can certainly understand where the anger comes from. A lot of your anger may be fueled by the strong feelings that go along with PTSD, but we also need to focus on what in your present life triggers anger.

For example, when your son doesn't listen to you, you blow up. How much does this have to do with your PTSD symptoms (for example, feeling tense, wired, and irritable from not being able to sleep) and perhaps reminders of past events, versus the present incident? Focusing on this question may help you to gain some distance from your anger and the events triggering it."

2. Problem-solve the current issue. Allow the patient to lead the discussion and encourage him/her to discuss his/her feelings and provide strong support. Assist the patient to:
 - a) Identify and define the problem requiring a solution
 - b) Generate as many possible solutions as the patient can develop. You may suggest ideas that the patient has not proposed if necessary (especially in earlier sessions), but do not suggest the specific strategies used during the Anger Control Therapy intervention.
 - c) Evaluate the utility of the various solutions generated
 - e) Choose a plan
 - f) Remind the patient to utilize and practice his/her relaxation skills to better manage any hyperarousal symptoms

Encourage the patient:

- a) To implement the plan

- b) Evaluate the effectiveness of the chosen solution in resolving the problem

E. Assign Homework

1. Each day record activities, problems, and stressors in the daily dairy
2. Bring diary to next session for problem-solving

Session 14



The main **goals** of this session are to review progress, process termination issues, and discuss follow-up evaluation.

- A. Review past week
- B. Review progress in treatment
- C. Discuss Follow-up Assessment
- D. Terminate therapy: saying goodbye

A. Review week

1. Ask the patient if there are issues or concerns from the previous week s/he wants to discuss before discussing patient's progress in treatment.
 - a. if the patient wants to discuss issues that arose during the previous week, spend some time focusing on the issues following the methods and structure outlined for earlier sessions.
 - b. be sure to allow adequate time to complete the rest of this session's agenda items (e.g., at least 30-40 minutes)

B. Review Therapy Program and Patient's Progress

- Review progress on major issues
- Ask what the patient has learned from treatment
- Discuss his/her future plans
- Encourage discussion of feelings about leaving the treatment and/or the therapist
- If necessary, arrange referrals for further treatment

Presentation to the Patient :

"We've been working together for about 14 weeks. Today I'd like to review your progress in the program and discuss what you have learned. I'd also like to take a few minutes to say good-bye. We have spent these weeks working together to help you learn to lower your arousal level, understand your reactions to daily stressors, and deal with current problems in your life. I'd like to know how you are feeling now, what you found helpful or not helpful during the therapy, and your plans for the near future."

D. Discuss Follow-Up Assessments

"We appreciate your participation in the program. You have now completed the treatment phase and you are ready to move into the follow-up phase. In the follow-up phase, we will follow you for another three months to monitor your progress. Your attendance at follow-up session is important because you will provide us with feedback on the helpfulness of the program. This information will be used to develop the best possible treatments for individuals who experience PTSD symptoms."

E. Termination: Saying Goodbye

When you are saying goodbye to the patient, it is important that you find something positive to say to him/her. The following are suggestions:

- "I have enjoyed working with you and wish you much luck in the future."
- "It's evident that you are feeling better and although you were skeptical, it seems that your hard work paid off."
- "You had some difficult weeks there, but you persisted with courage and patience and your efforts paid off for you."
- "You mentioned that you were disappointed that you had not made more progress in the program. I'd like to tell you that it is not unusual for patients to express the same feelings, and then discover that they feel much better as time goes on."
- "It takes time to digest and process what happened to in treatment. You may continue to feel better as time goes on, especially if you continue to use the things that you have learned."
- "I want to tell you that you have put a lot of hard work into your treatment and you have made a lot of (some) gains."
- "I know this program was difficult for you to complete. In fact there were a few days (weeks) when you wanted to discontinue with your treatment. But you stuck with the program and made some progress."

F. Discuss follow-up evaluation

Confirm with the patient that the follow-up evaluation is scheduled and remind him/her that the evaluator cannot know what kind of treatment s/he received. Remind him/her that s/he will be paid for this evaluation.

HANDOUTS

THE TENSION METER

RATE YOURSELF ON THE TENSION METER

0%	25%	50%	75%	100%
COMPLETELY RELAXED				COMPLETELY TENSE

CIRCLE THE BODY SIGNALS THAT YOU ARE EXPERIENCING:

SHALLOW OR RAPID BREATHING
RAPID HEARTBEAT
TENSE MUSCLES
SWEATY PALMS OR CLENCHED HANDS
RESTLESSNESS OR TREMBLING
HOT FLASHES OR CHILLS
TENSE STOMACH
CHEST TENSION

RELAXED BREATHING
SLOW HEARTBEAT
RELAXED MUSCLES
RELAXED HANDS
CALM AND RELAXED
NO HOT FLASHES OR CHILLS
RELAXED STOMACH
CHEST RELAXED

FOLD AT THE DOTTED LINE

RATE YOURSELF ON THE TENSION METER

0%	25%	50%	75%	100%
COMPLETELY RELAXED				COMPLETELY TENSE

CIRCLE THE BODY SIGNALS THAT YOU ARE EXPERIENCING:

SHALLOW OR RAPID BREATHING
RAPID HEARTBEAT
TENSE MUSCLES
SWEATY PALMS OR CLENCHED HANDS
RESTLESSNESS OR TREMBLING
HOT FLASHES OR CHILLS
TENSE STOMACH
CHEST TENSION

RELAXED BREATHING
SLOW HEARTBEAT
RELAXED MUSCLES
RELAXED HANDS
CALM AND RELAXED
NO HOT FLASHES OR CHILLS
RELAXED STOMACH
CHEST RELAXED

WAYS OF DEALING WITH FEELING TENSE/UPTIGHT

Introduction

Everyone feels tense or uptight from time to time. These feelings are natural and are part of being human. They are only a problem if they happen too often, go on for too long, or are too strong. One way of making sure this doesn't happen is to relax and calm ourselves down from time to time.

As we discussed, for some people, listening to their favorite music can make them feel better, calmer, or more relaxed. Can you think of some other ways of relaxing and handling feeling tense or uptight? Write your ideas below. We will discuss them at our next session.

Ways of dealing with feeling tense/uptight

1. Listening to favorite music.

2.

3.

4.

5.

6.

7.

8.

9.

10.

THERAPIST REPORT ON TREATMENT SESSION (to be completed at the end of each session)

Patient ID: _____ **Session #** _____

Date of Session: _____

Therapist Name _____

Objective(s) of session:

Therapist Report on Patient's Response to Session:

Other Comments/Concerns

THE TENSION METER

RATE YOURSELF ON THE TENSION METER

0%	25%	50%	75%	100%
COMPLETELY RELAXED				COMPLETELY TENSE

CIRCLE THE BODY SIGNALS THAT YOU ARE EXPERIENCING:

SHALLOW OR RAPID BREATHING
RAPID HEARTBEAT
TENSE MUSCLES
SWEATY PALMS OR CLENCHED HANDS
RESTLESSNESS OR TREMBLING
HOT FLASHES OR CHILLS
TENSE STOMACH
CHEST TENSION

RELAXED BREATHING
SLOW HEARTBEAT
RELAXED MUSCLES
RELAXED HANDS
CALM AND RELAXED
NO HOT FLASHES OR CHILLS
RELAXED STOMACH
CHEST RELAXED

FOLD AT THE DOTTED LINE

RATE YOURSELF ON THE TENSION METER

0%	25%	50%	75%	100%
COMPLETELY RELAXED				COMPLETELY TENSE

CIRCLE THE BODY SIGNALS THAT YOU ARE EXPERIENCING:

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SWEATY PALMS OR CLENCHED HANDS
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CHEST TENSION

RELAXED BREATHING
SLOW HEARTBEAT
RELAXED MUSCLES
RELAXED HANDS
CALM AND RELAXED
NO HOT FLASHES OR CHILLS
RELAXED STOMACH
CHEST RELAXED

A National Center for PTSD Fact Sheet

by Eve B. Carlson, Ph.D. and Josef Ruzek, Ph.D.

When people find themselves suddenly in danger, sometimes they are overcome with feelings of fear, helplessness, or horror. These events are called traumatic experiences. Some common traumatic experiences include being physically attacked, being in a serious accident, being in combat, being sexually assaulted, and being in a fire or a disaster like a hurricane or a tornado. After traumatic experiences, people may have problems that they didn't have before the event. If these problems are severe and the survivor does not get help for them, they can begin to cause problems in the survivor's family. This fact sheet explains how traumas can affect those who experience them. This fact sheet also describes family members' reactions to the traumatic event and to the trauma survivor's symptoms and behaviors. Finally, suggestions are made about what a survivor and his or her family can do to get help for PTSD.

How do traumatic experiences affect people?

People who go through traumatic experiences often have symptoms and problems afterward. How serious the symptoms and problems are depends on many things including a person's life experiences before the trauma, a person's own natural ability to cope with stress, how serious the trauma was, and what kind of help and support a person gets from family, friends, and professionals immediately following the trauma.

Because most trauma survivors are not familiar with how trauma affects people, they often have trouble understanding what is happening to them. They may think the trauma is their fault, that they are going crazy, or that there is something wrong with them because other people who experienced the trauma don't appear to have the same problems. Survivors may turn to drugs or alcohol to make themselves feel better. They may turn away from friends and family who don't seem to understand. They may not know what to do to get better.

What do trauma survivors need to know?

- Traumas happen to many competent, healthy, strong, good people. No one can completely protect him- or herself from traumatic experiences.
- Many people have long-lasting problems following exposure to trauma. Up to 8% of individuals will have PTSD at some time in their lives.
- People who react to traumas are not going crazy. They are experiencing symptoms and problems that are connected with having been in a traumatic situation.
- Having symptoms after a traumatic event is not a sign of personal weakness. Many psychologically well-adjusted and physically healthy people develop PTSD. Probably everyone would develop PTSD if they were exposed to a severe enough trauma.
- When a person understands trauma symptoms better, he or she can become less fearful of them and better able to manage them.

- By recognizing the effects of trauma and knowing more about symptoms, a person is better able to decide about getting treatment.

What are the common effects of trauma?

During a trauma, survivors often become overwhelmed with fear. Soon after the traumatic experience, they may re-experience the trauma mentally and physically. Because this can be uncomfortable and sometimes painful, survivors tend to avoid reminders of the trauma. These symptoms create a problem that is called posttraumatic stress disorder (PTSD). PTSD is a specific set of problems resulting from a traumatic experience and is recognized by medical and mental-health professionals.

Re-experiencing Symptoms:

Trauma survivors commonly re-experience their traumas. This means that the survivor experiences again the same mental, emotional, and physical experiences that occurred during or just after the trauma. These include thinking about the trauma, seeing images of the event, feeling agitated, and having physical sensations like those that occurred during the trauma. Trauma survivors find themselves feeling as if they are in danger, experiencing panic sensations, wanting to escape, getting angry, and thinking about attacking or harming someone else. Because they are anxious and physically agitated, they may have trouble sleeping and concentrating. The survivor usually can't control these symptoms or stop them from happening. Mentally re-experiencing the trauma can include:

- Upsetting memories such as images or thoughts about the trauma
- Feeling as if the trauma is happening again (flashbacks)
- Bad dreams and nightmares
- Getting upset when reminded about the trauma (by something the person sees, hears, feels, smells, or tastes)
- Anxiety or fear, feeling in danger again
- Anger or aggressive feelings and feeling the need to defend oneself
- Trouble controlling emotions because reminders lead to sudden anxiety, anger, or upset
- Trouble concentrating or thinking clearly

People also can have **physical** reactions to trauma reminders such as:

- Trouble falling or staying asleep
- Feeling agitated and constantly on the lookout for danger
- Getting very startled by loud noises or something or someone coming up on you from behind when you don't expect it
- Feeling shaky and sweaty

- Having your heart pound or having trouble breathing

Because trauma survivors have these upsetting feelings when they feel stress or are reminded of their trauma, they often act as if they are in danger again. They might get overly concerned about staying safe in situations that are not truly dangerous. For example, a person living in a safe neighborhood might still feel that he has to have an alarm system, double locks on the door, a locked fence, and a guard dog. Because traumatized people often feel like they are in danger even when they are not, they may be overly aggressive and lash out to protect themselves when there is no need. For example, a person who was attacked might be quick to yell at or hit someone who seems to be threatening.

Re-experiencing symptoms are a sign that the body and mind are actively struggling to cope with the traumatic experience. These symptoms are automatic, learned responses to trauma reminders. The trauma has become associated with many things so that when the person experiences these things, he or she is reminded of the trauma and feels that he or she is in danger again. It is also possible that re-experiencing symptoms are actually a part of the mind's attempt to make sense of what has happened.

Avoidance Symptoms:

Because thinking about the trauma and feeling as if you are in danger is upsetting, people who have been through traumas often try to avoid reminders of the trauma. Sometimes survivors are aware that they are avoiding reminders, but other times survivors do not realize that their behavior is motivated by the need to avoid reminders of the trauma.

Ways of avoiding thoughts, feelings, and sensations associated with the trauma can include:

- Actively avoiding trauma-related thoughts and memories
- Avoiding conversations and staying away from places, activities, or people that might remind you of the trauma
- Trouble remembering important parts of what happened during the trauma
- Shutting down emotionally or feeling emotionally numb
- Trouble having loving feelings or feeling any strong emotions
- Finding that things around you seem strange or unreal
- Feeling strange
- Feeling disconnected from the world around you and things that happen to you
- Avoiding situations that might make you have a strong emotional reaction
- Feeling weird physical sensations
- Feeling physically numb
- Not feeling pain or other sensations

- Losing interest in things you used to enjoy doing

Trying to avoid thinking about the trauma and avoiding treatment for trauma-related problems may keep a person from feeling upset in the short term, but avoiding treatment means that in the long term, trauma symptoms will persist.

What are common secondary and associated posttraumatic symptoms?

Secondary symptoms are problems that arise because of the posttraumatic re-experiencing and avoidance symptoms. For example, because a person wants to avoid talking about a traumatic event, she might cut off from friends, which would eventually cause her to feel lonely and depressed. As time passes after a traumatic experience, more secondary symptoms may develop. Over time, secondary symptoms can become more troubling and disabling than the original re-experiencing and avoidance symptoms.

Associated symptoms don't come directly from being overwhelmed with fear; they occur because of other things that were going on at the time of the trauma. For example, a person who is psychologically traumatized in a car accident might also be physically injured and then get depressed because he can't work or leave the house.

All of these problems can be secondary or associated trauma symptoms:

Depression can develop when a person has losses connected with the trauma or when a person avoids other people and becomes isolated.

Despair and hopelessness can result when a person is afraid that he or she will never feel better again.

Survivors may lose **important beliefs** when a traumatic event makes them lose faith that the world is a good and safe place.

Aggressive behavior toward oneself or others can result from frustration over the inability to control PTSD symptoms (feeling that PTSD symptoms run your life). People may also become aggressive when other things that happened at the time of trauma make the person angry (the unfairness of the situation). Some people are aggressive because they grew up with people who lashed out and they were never taught other ways to cope with angry feelings. Because angry feelings may keep others at a distance, they may stop a person from having positive connections and getting help. Anger and aggression can cause job problems, marital and relationship problems, and loss of friendships.

Self-blame, guilt, and shame can arise when PTSD symptoms make it hard to fulfill current responsibilities. They can also occur when people fall into the common trap of second-guessing what they did or didn't do at the time of a trauma. Many people, in trying to make sense of their experience, blame themselves. This is usually completely unwarranted and fails to hold accountable those who may have actually been responsible for the event. Self-blame causes a lot of distress and can prevent a person from reaching out for help. Sometimes society also blames the victim of a trauma. Unfortunately, this may reinforce the survivor's hesitation to seek help.

People who have experienced traumas may have **problems in relationships with others** because they often have a hard time feeling close to people or trusting people. This is especially likely to happen when the trauma was caused or worsened by other people (as opposed to an accident or natural disaster).

Trauma survivors may **feel detached or disconnected from others** because they have difficulty feeling or expressing positive feelings. After traumas, people can become overwhelmed by their problems or become numb and stop putting energy into their relationships with friends and family.

Survivors may get into **arguments and fights with other people** because of the angry or aggressive feelings that are common after a trauma. Also, a person's constant avoidance of social situations (such as family gatherings) may create hurt feelings or animosity in the survivor's relationships.

Less interest or participation in things the person used to like to do may result from depression following a trauma. When a person spends less time doing fun things and being with people, he or she has fewer chances to feel good and have pleasant interactions.

Social isolation can happen because of social withdrawal and a lack of trust in others. This often leads to the loss of support, friendships, and intimacy, and it increases fears and worries.

Survivors may have **problems with identity** when PTSD symptoms change important aspects of a person's life such as relationships or whether the person can do his or her work well. A person may also question his or her identity because of the way he or she acted during a trauma. For instance, a person who thinks of himself as unselfish might think he acted selfishly by saving himself during a disaster. This might make him question whether he really is who he thought he was.

Feeling permanently damaged can result when trauma symptoms don't go away and a person doesn't believe they will get better.

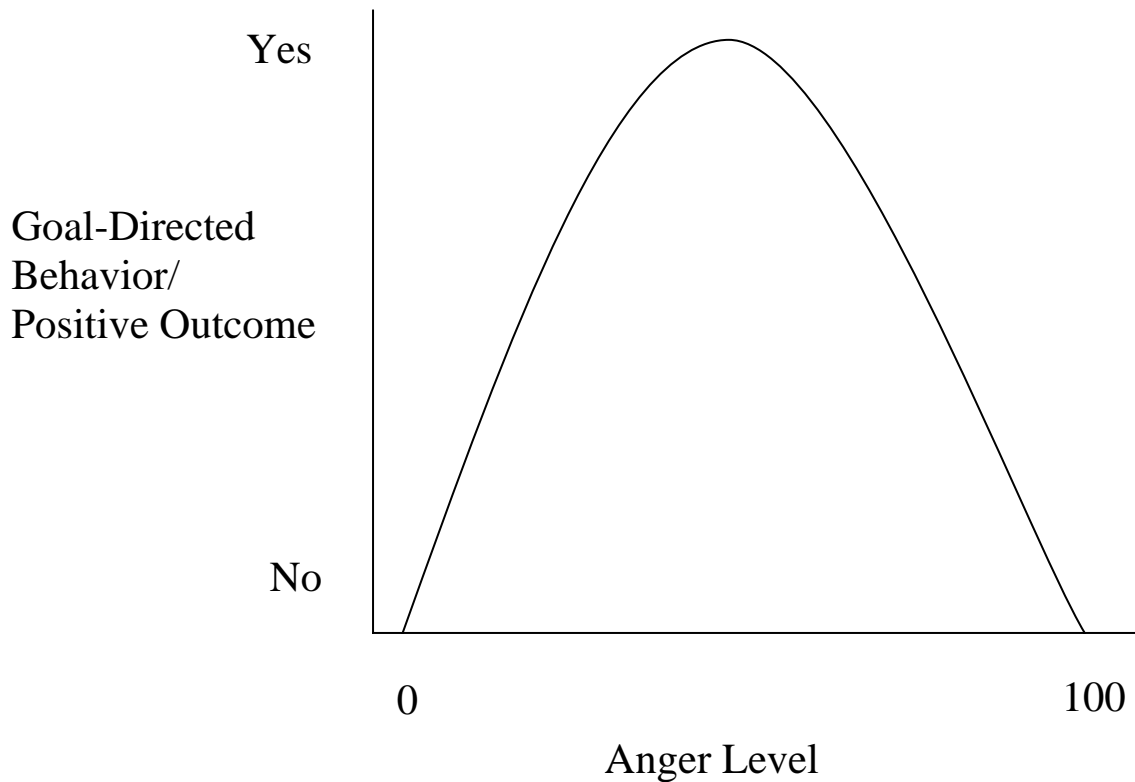
Survivors may develop **problems with self-esteem** because PTSD symptoms make it hard for a person to feel good about him- or herself. Sometimes, because of how they behaved at the time of the trauma, survivors feel that they are bad, worthless, stupid, incompetent, evil, etc.

Physical health symptoms and problems can happen because of long periods of physical agitation or arousal from anxiety. Trauma survivors may also avoid medical care because it reminds them of their trauma and causes anxiety, and this may lead to poorer health. For example, a rape survivor may not visit a gynecologist and an injured motor vehicle accident survivor may avoid doctors because they remind him or her that a trauma occurred. Habits used to cope with posttraumatic stress, like alcohol use, can also cause health problems. In addition, other things that happened at the time of the trauma may cause health problems (for example, an injury).

Survivors may turn to **alcohol and drug abuse** when they want to avoid the bad feelings that come with PTSD symptoms. Many people use alcohol and drugs as a way to try to cope with upsetting trauma symptoms, but it actually leads to more problems.

Remember:

Although individuals with PTSD may feel overwhelmed by their symptoms, it is important for them to remember that there are other, positive aspects of their lives. There are helpful mental-health and medical resources available, and survivors have their strengths, interests, commitments, relationships with others, past experiences that were not traumatic, desires, and hopes for the future.



Low levels of anger tell us that something is wrong and motivate use to do something about it.

High levels of anger begin to interfere with our ability to accomplish tasks in an effective manner. It interferes with our thinking and our performance (reduces skills), and we often lose sight of our goals and standards.

Discuss examples.

A National Center for PTSD Fact Sheet

A. Why is anger a common response to trauma?

Anger is usually a central feature of a survivor's response to trauma because it is a core component of the survival response in humans. Anger helps people cope with life's adversities by providing us with increased energy to persist in the face of obstacles. However, uncontrolled anger can lead to a continued sense of being out of control of oneself and can create multiple problems in the personal lives of those who suffer from PTSD.

One theory of anger and trauma suggests that high levels of anger are related to a natural survival instinct. When initially confronted with extreme threat, anger is a normal response to terror, events that seem unfair, and feeling out of control or victimized. It can help a person survive by mobilizing all of his or her attention, thought, brain energy, and action toward survival. Recent research has shown that these responses to extreme threat can become "stuck" in persons with PTSD. This may lead to a survival mode response where the individual is more likely to react to situations with "full activation," as if the circumstances were life threatening, or self-threatening. This automatic response of irritability and anger in individuals with PTSD can create serious problems in the workplace and in family life. It can also affect the individuals' feelings about themselves and their roles in society.

Another line of research is revealing that anger can also be a normal response to betrayal or to losing basic trust in others, particularly in situations of interpersonal exploitation or violence.

Finally, in situations of early childhood abuse, the trauma and shock of the abuse has been shown to interfere with an individual's ability to regulate emotions, which leads to frequent episodes of extreme or out of control emotions, including anger and rage.

B. How can posttraumatic anger become a problem?

Researchers have described three components of posttraumatic anger that can become maladaptive or interfere with one's ability to adapt to current situations that do *not* involve extreme threat:

* **Arousal:** Anger is marked by the increased activation of the cardiovascular, glandular, and brain systems associated with emotion and survival. It is also marked by increased muscle tension. Sometimes with individuals who have PTSD, this increased internal activation can become reset as the normal level of arousal and can intensify the actual emotional and physical *experience* of anger. This can cause a person to feel frequently on-edge, keyed-up, or irritable and can cause a person to be more easily provoked. It is common for traumatized individuals to actually seek out situations that require them to stay alert and ward off potential danger. Conversely, they may use alcohol and drugs to reduce overall internal tension.

* **Behavior:** Often, the most effective way of dealing with extreme threat is to act aggressively, in a self-protective way. Additionally, many people who were traumatized at a relatively young age do not learn different ways of handling threat and tend to become stuck in their ways of reacting when they feel threatened. This is especially true of people who tend to be impulsive (who act before they think). Again, as stated above, while these strategies for dealing with threat can be adaptive in certain circumstances, individuals with PTSD can become stuck in using only one strategy when others would be more constructive. Behavioral aggression may take many forms, including aggression toward others, passive-aggressive behavior (e.g., complaining, "backstabbing," deliberately being late or doing a poor job), or self-aggression (self-destructive activities, self-blame, being chronically hard on oneself, self-injury).

* **Thoughts and Beliefs:** The thoughts or beliefs that people have to help them understand and make sense of their environment can often overexaggerate threat. Often the individual is not fully aware of

these thoughts and beliefs, but they cause the person to perceive more hostility, danger, or threat than others might feel is necessary. For example, a combat veteran may become angry when others around him (wife, children, coworkers) don't "follow the rules." The strength of his belief is actually related to how important it was for *him* to follow rules during the war in order to prevent deaths. Often, traumatized persons are not aware of the way their beliefs are related to past trauma. For instance, by acting inflexibly toward others because of their need to control their environment, they can provoke others into becoming hostile, which creates a self-fulfilling prophecy. Common thoughts people with PTSD have include: "You can't trust anyone," "If I got out of control, it would be horrible/life-threatening/intolerable," "After all I've been through, I deserve to be treated better than this," and "Others are out to get me, or won't protect me, in some way."

C. How can individuals with posttraumatic anger get help?

There are many strategies for helping individuals with PTSD deal with the frequent increase of anger they are likely to experience. One important goal of treatment is to improve a person's sense of flexibility and control so that he or she does not feel re-traumatized by his or her own explosive or excessive responses to anger triggers. Treatment is also meant to have a positive impact on personal and work relationships.

Rationale for Supportive Intervention

The treatment program you are participating in is called Supportive Intervention. You will be asked to monitor and record daily activities, problems, and distressing situations that you encounter. In our sessions, we will focus primarily on these problems and difficulties that you are currently experiencing in your life that are causing you distress. It's important to know that the PTSD symptoms and related problems you've been struggling with are not uncommon for someone who has experienced a trauma. A traumatic experience creates an unexpected, unusual, and highly disruptive crisis in one's life.

People who have survived traumatic experiences and who develop symptoms of PTSD often have difficulty in managing stress as well as anger and irritability, and feel unable to adequately deal with problems in life. It is common for those who have suffered a trauma to feel high levels of distress and strong emotions, and to feel like they cannot alter or change the source of that distress. How people see their ability to cope with stress and crisis also affects their response to the trauma and its aftermath. For these reasons, it is important for people to learn ways to better manage their tension, stress, and anger. Relaxation strategies such as Relaxed Breathing, Progressive Relaxation, and Imagery are excellent techniques people can use to reduce their physical and emotional arousal.

This treatment is designed to help you reduce your arousal level and to resolve and cope with the problems that you are currently experiencing in your day-to-day life. You will be asked to monitor and record your activities and any problems or difficulties that you encounter in a daily diary. Please bring this diary into each session and we will focus our discussions on the situations that you've identified as problems in your life. We will be working to help you reduce your high level of arousal, clarify your feelings, figure out useful coping strategies, and problem-solve in order to improve your ability to cope with the difficulties and problems you experience.

Daily Diary

Client No. _____

Session # _____

Please record significant daily activities, problems, stressful situations, or times that you became upset. For each event, record the date, time, and a brief description of the distressing situation. Please bring this diary into each counseling session so that we can discuss the problems you are having and try to improve them. Use as many copies of the diary as you need between sessions.

Date/time	Description of event/problem	What did you do?	How well did this work?

APPENDICES

Appendix 1.1: Patient History Questionnaire

Subject # _____ Date: _____ Therapist _____

BACKGROUND INFORMATION

INQUIRE ABOUT HIS/HER EXPERIENCES WITH THE STUDY UP TO THIS POINT (i.e., how assessment process was for him/her)

“I had a chance to review your assessment materials, so I learned a bit about your history and current symptoms. I understand that you served in Iraq/Afghanistan..... Is that correct? When were you there? When did you return? How have things been for you since you got back?”

What brought him/her into treatment / What does s/he hope to accomplish?

Current and prior relationship status (i.e., single, married, divorced or separated, widowed, co-habiting). How have this and other relationships changed since his/her return?

Who does the patient live with / Number of children

Sexual orientation (i.e., heterosexual, homosexual, bisexual)

Religious, cultural, and racial identification / practices

Current and past employment status

Educational background

Financial situation. How did the deployment impact finances?

Current physical health. List any current health problems/concerns, medications, etc.

Safety/Substance Use

Since your service in Iraq/Afghanistan, have you ever thought that life is not worth living, or thought seriously about suicide?

If yes, assess for current risk of suicide (i.e., history, plan, intent, impulsivity, etc.)

Have you ever made a suicide attempt, either before or since returning from Iraq/Afghanistan?

Have you sought psychiatric or psychological help as a result of the trauma (other than this treatment)?

If so, are you currently participating in any treatment in addition to meeting with me?

List any additional current treatments:

Have you ever been hospitalized for your mood or behavior? If so, when and what event precipitated the hospitalization?

Do you currently feel as if you want to harm anyone else?

If yes, assess for current risk of homicide and past violence

Do you own / carry weapons?

Do you feel that you are in any physical danger at this time?

ASSESS PATIENT'S ALCOHOL AND DRUG USE (i.e., current frequency and amount of use, history of legal, social or employment problems due to alcohol or drug use)

Discuss with the patient how this session has been for him/her. If necessary, review coping skills and strategies. Thank him/her for coming, participating in study, and answering questions.

Appendix 1.2: Introduction to Relaxed Breathing

Guided Relaxed Breathing Exercise

Now I am going to lead you through a guided relaxed breathing exercise....It takes time and practice to become comfortable with these exercises...If you are feeling too tense or uncomfortable with your eyes closed...feel free to open them at any point in the exercise. Over time, you will be able to keep your eyes closed for longer periods of time.

Close your eyes and take a minute to settle comfortably into your chair. Focus only on my voice and on your breathing. You don't need to do anything now except simply observe how your body breathes. Take your time and if you find it difficult to pay attention to your breath, that's alright. It is okay to have thoughts drift in and take your attention away. Just simply bring yourself gently back to your breath, making it the center of your attention. Be aware of how the air moves in through your nostrils and down into your diaphragm. Notice your abdomen extending like a balloon, filling on the in breath, and emptying on the exhale as the air again moves up and out of the body through your mouth. If thoughts come into your head, just gently come back to observing the movements of air and the filling and emptying of the balloon. Nothing for you to do here except just be aware of these sensations.

Let your thoughts drift gently back to your breath. Take your time, imagine that each time you inhale, you are taking in light, energy and oxygen that will spread into your lungs through your body and every cell. Feel the sensation of the air flowing in through your nostrils and down into your diaphragm and then spreading to every cell of your body, down through your arms, into your legs, feet and toes. As you exhale, imagine that your body is letting go of all that has been used up, all that you no longer need. Emptying, letting go, making room for the next inhale and then taking in again of oxygen, energy and nourishment for your body. With each breath, you feel more and more deeply relaxed. Just remember, if your thoughts drift, bring your attention gently back to the breath and my voice.

Continue to focus on the cool air coming in as you inhale, and the warm air coming out as you exhale and relax. Try to slow your breathing down, taking a little more time between inhaling and exhaling. Let's breathe together now. Breathe in counting to 5, hold your breath for a moment, and then exhale counting to 7. Breathe in 1-2-3-4-5, hold, breathe out 1-2-3-4-5-6-7. Now, sit quietly, trying to slow your breathing down, perhaps breathing in for 7 and breathing out for 10. Remember with each breath, you will feel more relaxed. Your whole body feeling loose and relaxed, like a rag doll. (allow 30-60 seconds).

Ok- now open your eyes.

Give Tension meter again and discuss how this was for participant.

Appendix 2.1: The Progressive Relaxation Exercise

The next technique we will be learning is the **Progressive Relaxation** technique. **This technique will help you to identify the difference between tension and relaxation in the major muscle groups.** It is a very effective way to relieve the muscular tension brought on by stress and is an important first step in stress management - recognizing the key tension points in your body and learning to release the built-up tension.

In this exercise, we will be asking you to first tense your muscle first before relaxing it.

Warning: Only do what feels comfortable to you and adjust this exercise to suit your specific needs and/or medical conditions.

To practice this relaxation technique, adjust your body so that you are in a relaxed and comfortable position in your chair. Adjust your breathing so that you are breathing from your diaphragm - baby breathing. Now close your eyes and begin to relax....

"Place your hand on your abdomen (just above the belt). Take a deep breath, way down into your belly. (Pause). Let go and hear the air whoosh out through your lips. (Pause). And when you are ready, take another deep breath. You can feel your belly raise slowly as the air comes in. Let it out with a whooshing sound, like the wind, as you blow through your lips. Each breath leaves you more and more relaxed. Each breath purifies and relaxes your whole body and mind. Take another deep breath down into your belly. Feel your body push out. As you relax, the air goes gently out of your lips."

Now I want you to tense your muscles in your lower right arm.....notice the tensions located in your arm.....study those tensions....and now relax the muscles of your right lower arm... and observe the difference between the tension and relaxation....Now I want you to tense your muscles in your lower left arm.....notice the tensions located in your arm.....study those tensions....and now relax the muscles of your left lower arm... and observe the difference between the tension and relaxation....Now I want you to tense both of your lower arms together.....notice the tensions located in your arms.....study those tensions....and now relax the muscles of your lower arms... and observe the difference between the tension and relaxation.

Just let yourself become more and more relaxed.....if you feel yourself becoming drowsy that will be fine, too. If you think of relaxation and of letting go of your muscles....they will become more loose....heavy.....and relaxed.....Just let your muscles goas you become more deeply relaxed.

Now I want you to tense your muscles in your upper right arm.....notice the tensions located in your arm.....study those tensions....and now relax the muscles of your right upper arm... and observe the difference between the tension and relaxation....Now I want you to tense your muscles in your upper left arm.....notice the tensions located in your arm.....study those tensions....and now relax the muscles of your left upper arm... and observe the difference between the tension and relaxation....Now I want you to tense both of your upper arms together.....notice the tensions located in your arms.....study those tensions....and now relax the muscles of your upper arms... and observe the difference between the tension and relaxation as you continue to relax....

Now I want you to tense your muscles in your right lower leg.....notice the tensions located in your leg.....study those tensions....and now relax the muscles of your right lower leg... and observe the difference between the tension and relaxation....Now I want you to tense your muscles in your lower left leg.....notice the tensions located in your leg.....study those tensions....and now relax the muscles of your left lower leg... and observe the difference between the tension and relaxation....Now I want you to tense both of your lower legs together.....notice the tensions located in your legs.....study those tensions....and now relax the muscles of your lower legs... and observe the difference between the tension and relaxation.

You're becoming more and more relaxed....sleepy....sleepy....more relaxed....As you become more relaxed....you will feel yourself settling deeply into the chair.....All your muscles are becoming more and more comfortably relaxed....loose....heavy....and relaxed...

Now I want you to tense the muscles of both thighs together....study the tensions located in your thighs....study those tensions....now relax the muscles of your thighs....and study the difference....between the tension....and the relaxation.....Now I'd like you to tense the muscles of your abdomen....study the tensions located in your abdomen....focus on those tensions....now relax the muscles of your abdomen....and study the difference....between tension and relaxation....Now I'd like you to tense the muscles of your chest....take a deep breath.....study the tensions located in your chest....study those tensions....now relax the muscles of your chest....and study the difference ...between the tension and the relaxation.....

The relaxation is growing deeper....and still deeper....you are relaxed....drowsy and relaxed....your breathing is regular....and relaxed....With each breath you take in ...your relaxation increases....and each time you exhale....you spread the relaxation through your body.....Now I want you to tense the muscles of your shoulders....study the tensions located in your shoulders....study those tensions....now relax the muscles of your shoulders....and study the difference....between the tension....and the relaxation.....Now I'd like you to tense the muscles of your neck....study the tensions located in your neck....focus on those tensions....now relax the muscles of your neck....and study the difference....between tension and relaxation....

Note the pleasant feelings of warmth and heaviness....that are coming into your body.....As you relax completely...you will always be clearly aware of what you are doing....and what I am saying....as you become more deeply relaxed....Now I'd like you to tense the muscles of your lips....take a deep breath.....study the tensions located in your lips....study those tensions....now relax the muscles of your lips....and study the difference ...between the tension and the relaxation.....Now I'd like you to tense the muscles of your eyes....take a deep breath.....study the tensions located in your eyes....study those tensions....now relax the muscles of your eyes....and study the difference ...between the tension and the relaxation.....Now I'd like you to tense the muscles of your lower forehead....take a deep breath.....study the tensions located in your lower forehead....study those tensions....now relax the muscles of your lower forehead....and study the difference ...between the tension and the relaxation.....

Now the very deep state of relaxation is moving through all areas of your body.....you are becoming more and more comfortably relaxed....drowsy....and relaxed....You can feel the comfortable sensations of relaxation....as you go deeper...into a deeper state....of relaxation...Now I want you to tense the muscles of your upper forehead....study the tensions located in your upper forehead....study those tensions..... now relax the muscles of your upper forehead and study the difference between the tension and the relaxation....

Now I want you to relax all the muscles of your body....just let them become more and more relaxed....I'm going to help you to achieve a deeper state of relaxation....by counting one to five....As I count, you will feel yourself becoming more and more relaxed....farther and farther down.....into a deep...restful state....of relaxation.....One....You are going to become more deeply relaxed....Two....Down...down....into a very deep....relaxed state.....Three....Four..... More and more relaxed....Five deeply relaxed....Now I want you to remain in a very relaxed state...and I want you to attend just to your breathing...breathe through your nose....notice the cool air as you breathe in....and the warm, moist air....as you exhale...Use your stomach muscles as you breathe...just continue to attend to your breathing...now each time you exhale.....mentally repeat the words....Relax....Inhale....Exhale.....Relax....Inhale....Exhale....Relax.....

Continue to concentrate on your breathing....but now try to imagine as clearly and as vividly as you can....that with your next deep breath that clean, pure, white air is coming in through the soles of your feet. See it spread throughout your whole body, collecting the debris of tension and stress...Any anxious or distressing thoughts are being gathered up and removed from your body each time you exhale....The air is getting darker as it takes the stress and tension from your body. Imagine the dark air being expelled through your lips, your whole body is clean and fresh and relaxed. Now take a deep purifying breath and feel it cleaning your body of stress and tension. See the tension leaving your body with the breath. Relax and enjoy the feeling of peace and calm that has spread throughout your body with each deep breath. Imagine one more breath coming in through the soles of your feet, pure and white. It is removing the last bit of tension from your body. As you exhale you feel your body clean and relaxed, deeply relaxed.

Now slowly open your eyes.

Appendix 3.1: Imagery Exercise

Let's take a minute now and do some brief imagery exercises. First ...relax....close your eyes...and focus on your breathing....Make sure that you are breathing from your diaphragm...and relax...releasing tension each time you exhale.

Visual Imagery: Now.... Imagine that you are at home.....feeling hungry.....you decide that you are going to fry something....Imagine reaching into your refrigerator, taking some butter out.....Feel the hard, cold butter as you slice a piece off and put it into the frying pan... See the thin funnel of smoke appear as the butter slab hits the heated pan.... As you turn up the heat, see the slab of butter slowly melting around the edges....The melting butter is sending off an unmistakably buttery odor.....watch as the pad of butter slowly loses its shape....losing its shape as it starts to turn into a puddle of oil before your eyes..... see it beginning to sizzle at the corners as the temperature in the pan gets higher....see the sizzling butter.....very good....now clear your mind of that image.

Auditory Imagery: NowImagine that you are in your car, enjoying a drive on an uncrowded, country road... You are feeling peaceful and relaxed.... You are in the mood for some music so you turn on the radio....you adjust the dial slowly as you cruise the stations to find some music that suits your mood.....Imagine cruising the different stations until you finally are able to get the station of your choice....Now.....settle back in your seat...enjoy the view while listening to the music...A song you know well comes on.....It is so familiar to you....it reminds you of some past experience..... as you listen and hum along the music carries you to a different place, a different time.....hear the song.....imagine the place.....imagine singing along....you remember some of the wordshear your favorite part of the melody.....hear the chorus....see if you can make out the words.....the melody.....do you feel like humming along?.....Good.....now clear your mind of that image.

Tactile Imagery: Now imagine that it is a beautiful day outside....you are sitting outdoors enjoying the sun on your face....you close your eyes and feel the tingling sensation of the sun's rays as they soak into your skin....after a while you change positions....now your back is facing the midday sun....you feel the heat as it warms your shirt....then slowly penetrates through your shirt to your skin.....the warmth on your back feels good....there is a slight cooling breeze that is blowing across your body.....just enough so that you are enjoying the heat of the sun without feeling too warm.....feel the soothing breeze cooling your face.... your skin tingles with the feel of the warm sun on your back.... and the coolness of the breeze on your face....you feel so relaxed...very good....now clear your mind of that image.

Olfactory Imagery: Now I want you to imagine that you have been given a wonderful homemade apple pie.....All you have to do is heat it up.....you take the pie and turn on the oven....within minutes the smell of homemade apple pie is spreading through your kitchen.....it smells so good...you can detect a slight odor of cinnamon..... and butter.....you can smell the apples baking.... the smell of cinnamon....the smell of butter.....the smell of the pie crust as it is baking....just a few more minutes and it will be ready....the apples....the cinnamon...the tangy, buttery, sweetness of the apple pie..... Very good....now clear your mind of that image.

Gustatory Imagery: Now I want you to imagine a yellow lemon...it is lying on your counter....it is freshly sliced and you can smell the unmistakable odor of the lemon juice and the lemon rind awakening your senses.....now you reach out and take a slice....looking at the beautiful lemon rind and the drops of lemon juice running down the slice in front of your eyes...see the beautiful yellow color of the lemon... bite into the lemon slice.....feel the rush of lemon juice as it enters your mouth.....do you swallow hard?...Feel your mouth pucker from the sourness...do you like the sour taste?.....very good....now clear your mind of that image.

The Mountain Cabin

The following exercise will be focus primarily on **visual images**.

Be Patient

It is important to be **patient** as you learn to call upon images to relax yourself. You may find that you get easily distracted by unwanted thoughts. If you get **distracted**, do the following:

- 1) Tell yourself to let the thoughts pass by and to refocus on the relaxing image.
- 2) Let the distracting thought disappear on its own...don't resist it.
- 3) Be patient with yourself. As you practice, you will find it easier to focus only on your relaxing thoughts,

If you continue to have difficulty with intruding thoughts, you can use the following "**thought stopping**" technique:

- 1) Say "**Stop!**" and quickly refocus on the imagery that you were trying to visualize.

These two techniques can be used whenever you find yourself preoccupied and unable to shake a thought and return to the task at hand. It is important to be **gentle** with yourself throughout this learning process and to maintain a **stress-free attitude**. Be patient with yourself.

Now we are going to do an imagery relaxation exercise. As you listen, allow yourself to feel the images that come to you and experience the mental pictures that are painted by the words that are being said. Feel free to open your eyes at any point during the exercise and feel free to replace any images that you find uncomfortable with your own soothing ones.

Now close your eyes...get comfortable.....are you breathing from your diaphragm?.....Very good.....let any distracting thoughts pass by and focus on relaxation....

Imagine that you are up in the hills or mountains....somewhere where you feel safe and comfortable....You are staying in a beautiful mountain cabin filled with everything you need for a peaceful vacation....outside it is cold and snowy....but inside the cabin....you are warm and cozy...enjoying this special place and the peacefulness and quiet.....The snow is white and fluffy and you watch it as it falls lightly on the ground....Every now and then you hear the logs in the fireplace snapping and crackling as the sap inside them burns and sends out the fresh odor of pine....the fire is providing just the right amount of heat and warmth for you...you feel so safe and secure in this mountain cabin....As you watch the snow outside...you move closer to the window and notice the frost on the windowpane....you put your warm hand on the cold, hard glass of the windowpane feeling the heat from your hand and fingers melting the frost....and you let your thoughts drift as you look outside.....And then to get a better view of the outside..... you begin to open the window, feeling it give way to the pressure of your hand.....As the window opens, you take a big breath of pure, fresh, mountain air.....you breath in deeply and exhale.....feeling so good and peaceful.... Looking outside you can see the snow on the ground and lots of tall evergreen trees. And then looking off in the distance, you see a wonderful view...perhaps of a valley down below or other mountain peaks far, far in the distance....And now you can close the window and walk over to the fire..... feeling its warmth as you get closer.....Go ahead and sit back in a comfortable chair facing the fire....or if you wish, you can lie down next to the fire on a soft bearskin rug....feeling the soothing warmth against your skin.....letting your body absorb the warmth bringing deep relaxation and comfort....You can also enjoy looking at the fire, seeing the burning logs, hearing the crackling of the logs and hissing sound from the

sap encountering the fire....smelling the fragrant smoke from the burning logs. You can even look around noticing that the room is illuminated by the light from the fire.....noticing the flickering shadows on the walls....noticing the furniture and any other objects in the room...just look around and take it all in...all the sights and sounds and smells.....feeling so peaceful in this place...so calm and tranquil. And you can be reminded that even though the cold wind is howling outside, you can feel so warm and comfortable inside....letting that comfort spread to all parts of your mind. And in this place you have absolutely nothing to worry about....for all that really matters is that you just allow yourself to enjoy the peacefulness, enjoy the deep comfort of being in this place right now....as a relaxed, drowsy feeling comes over you...and all the sights and sounds and smells gradually fade far away....while you drift...and float and dream in that cabin far off in the mountains. (Pause)

And now, whenever you are ready, you can bring yourself back to a normal, alert, and wide-awake state by counting from 1 to 3, so that when you reach the number 3 you will open your eyes feeling completely refreshed and comfortable.